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THE MEDICAL MIRROR.

JANUARY, 1866.

ORIGINAL COMMUNICATIONS.

On Consumption. By GODWIN W. TIMMS, M.D. Lond.,
M.R.C.P., Physician to the North London Consumption
Hospital.

WE should scarcely dare to lay before the reader the following observations on consumption, universally known and generally accepted as they are supposed to be, were it not that, in the course of our reading, we are constantly meeting with authoritative statements and *ex cathedra* opinions which ignore them altogether.

As in practice it is confessed to be a wise thing, in order to avoid a habit of mere repetition, occasionally to go back to first principles; so it is well perhaps for us now and then to overhaul our science, that we may see how far, and on what authority it has swerved from the paths of right reason and common sense. This, we expect will be found to be more and more necessary the farther and farther we advance. The present age is as remarkable for fearless inquiry, and even daring speculation in all branches of knowledge, as it is for its untiring industry. Hence have sprung numerous and important discoveries which bid fair, in a short space of time, to revolutionize science and to change the aspect of men's labours and productions. Without doubt it is the duty of every one of us to study this spirit of the time, as much that we may cultivate in ourselves its good as avoid its evil tendencies. Inquiry cannot be too fearless, speculation cannot be too daring, provided we retain due respect for our predecessors' conclusions until we can disprove them. But the habit of questioning begets a contempt for the experience of others, and leads us to ignore opinions which are deservedly of the highest authority because they have resulted from unwearied industry and practised judicial acuteness. This is painfully evident in medicine, and has two most mischievous

consequences :—one is the scepticism in the use of drugs, so prevalent in the present day, which has reduced the treatment of disease, in the hands of many, to the exhibition of a few mild stimulants and tonics ; and the other is a growing indifference to facts and conclusions which have recommended themselves to a vast number of intelligent minds, as well as by the authority of their propounders as by their intrinsic agreement with common sense. Hero worship is doubtless, very ridiculous, but it is more ridiculous and less becoming to suppose that, because we are the successors of the H. B. Bernethys, Baillies and Carswells, our hastily formed opinions deserve as much respect as the conclusions at which their patient industry arrived. But it would be still more absurd, were it not so mischievous, for us to coolly ignore their conclusions and the facts from which they drew them, and substitute vague assertions of our own unsupported by the least proof. And yet this is what we constantly meet with in discussions upon consumption and tubercle.

In a recent work, deservedly popular for its many valuable practical hints, we find the following :—“Anæmia may so depress the creative power of the blood that instead of the body being built with elastic highly vitalized fibrin it has to put up with a cheesy brittle substance called tubercle. . . . and the lungs, in which tubercle has been substituted for healthy connective tissue, gradually soften and break up.” All this is entirely erroneous.

Tubercle is not a substitute for any tissue or any element of tissue ; it is something superadded to the healthy tissues of the body, and it is entirely dead and harmless except by its mechanical pressure and the changes its presence sets up in the capillaries of the locality in which it is deposited.

This is not *our* dictum, it is the conclusion of nearly every pathologist of note who has ever written on the subject since Laennec. But if the body were ever built with tubercle, common experience teaches us that anæmia has nothing to do with it. Our fellow labourer, twenty years ago, Dr. Pollock, has just pointed out the rare association of anæmia with phthisis, although it is often mistaken for it by superficial observers.

Again, tubercle is neither a substitute for any tissue, the result of anæmia, nor is it any fault of construction, that is to say, constructive assimilation has no part or agency in the production of tubercle. The fact that anæmia has so little connection with phthisis is a proof of this. But it is obvious enough from more general considerations. Phthisis is met with both in the well nourished and in the puny. We do not mean simply in the rich and well fed, but in persons whose functions of nutrition, so far as the construction of the body is concerned, is active and healthy.

A fine stout woman, aged twenty-eight years, five feet eight inches in height, came under our notice a few months ago, with extensive phthisis in the third stage. Her father was six feet three inches, her mother five feet ten inches. She was the youngest of eight children, four boys, who have all served in the army, and four girls; she was the shortest of them all, and the sole survivor, for they had all died of phthisis before arriving at thirty-five years of age.

It is idle to brandish such instances before the eyes of those who are determined not to see, but observers, who have no theory to advocate or oppose, will agree that phthisis attacks both the robust and the debilitated; for they have doubtless seen, as we all have, instances of consumption in what are usually called fine young men and women, in whom not one trace of defective construction has appeared until *after* the disease has had time to produce deterioration of blood, which, by its presence in organs of primary assimilation, it sooner or later invariably does.

In investigating a disorder of unknown origin, if it be found to occur under two opposite conditions, it is simply impossible to refer it as originating in either of those conditions. In other words, good or bad assimilation has nothing to do directly with the production of phthisis, because it occurs under both conditions indifferently. We may point to the miserable specimens of humanity suffering from phthisis as a proof of ill-construction, but this is confounding effect with cause. That no one can be sufficiently tuberculous to exhibit the signs of phthisis without deterioration of the blood, and, consequently, degradation of the tissues, is indisputable, but this is the consequence, not the cause, of the disease.

As far as we can understand the writers alluded to, they advocate the supposition that, in tuberculosis, unhealthy is somehow or other substituted for healthy blastema; that in the place of healthy atoms of mucous and serous membranes, glandular and nervous tissue, tuberculous atoms are deposited. But to believe this requires us to ignore the researches and conclusions of almost all the pathologists of the last half century, from whose united labours "has resulted," as the learned Librarian of the College of Physicians says, "the important pathological law, that tuberculous matter exists as a morbid constituent of the blood, is eliminated from it by a process analogous to, if not identical with, secretion, and is thus deposited in different organs or parts upon mucous membranes chiefly, (Carswell), for here, as into the great emunctory of the system, it appears to be separated from the blood, and becomes visible to us under a variety of forms."

Another authority, with the fact before his eyes of a vomica

separated by a line's breadth only from healthy lung, believes that tubercle is a result of diminished nutrition of the locality in which it is found.

Another believes that tuberculosis and scrofula are not identical.

Another that consumption is a local disease, and not hereditary.

Another, but he is almost alone, believes that cod-liver oil is of no use as a remedial agent in phthisis.

From all this preamble we hope that we shall be excused in laying down as incontrovertible the following propositions:—

Scrofula and tuberculosis are identical, and are not local, but general or constitutional diseases.

Tuberculosis is a blood-disease; that is to say, the first effect of the ultimate morbid process is a disorder of the circulating fluid which deposits tubercle in various situations.

Tuberculosis is hereditary; that is to say, the *tendency* to produce and deposit tubercle descends from parent to child.

Tubercle, the product of scrofula, is perfectly dead and unorganised; that is to say, it acts as a foreign body in the localities in which it is deposited, and produces changes by mechanical pressure on surrounding parts.

Consequently, tubercle is not a local disease; is not a substitute for healthy tissues; is deposited in tissues otherwise healthy, and is rarely associated with anæmia. Unless the tendency be present, a person may be subject to the most debilitating influences, and may even die of protracted debility without the smallest particle of tubercle being deposited amongst his tissues.*

These propositions have been accepted as truths by the great majority of intelligent observers, who have devoted their time and experienced judgment to the consideration of the subject. Is it too much to ask of future writers to make themselves acquainted with the views of their predecessors and to bring forward a reason or two before they contradict or ignore them?

As a step in advance, not in contradiction of any of these conclusions, we propose:

“That tuberculosis is an error of nutrition by which more tissue waste is produced than excreted, and that the blood thus overloaded deposits it in a fluid form, to become tubercle by the absorption or evaporation of its solvent.”

* See a “Case of Anæmia,” in Dr. Chambers’ “Renewal of Life,” p. 79.

On a Case of Tubal Fœtation in a Married Woman, Terminating Fatally Twenty-four Hours after the Recurrence of Urgent Symptoms, arising towards the End of the Second Month of Gestation, with Remarks. By JOHN M'DONNELL, M.D. Edin.*

ALL are aware that the human female, in common with many of the lower animals, is liable to certain aberrations in the development of the ovum, and great danger to life is consequent upon these deviations from the normal condition. It may not have fallen to the lot of all, even of those engaged in the practice of midwifery, to have been called upon to render assistance in such cases, so rarely do they occur, at least, to our cognisance. We are apt to look upon cases of extra-uterine fœtation as remotely contingent, and therefore give but scant attention beforehand to the subject, the rather as it is the general opinion that it is beyond the reach of art to avert a fatal hæmorrhage internally when it happens in some of the most frequent forms. The subject is, however, one for which all should be prepared, and they should have a clear notion of the symptoms which usher in the case, of those which indicate grave peril, and of the means of treatment most likely to be attended with benefit. For all may at any time be called to render their aid in a case of impending death, and all must desire to be equal to the emergency. From various considerations which need not be enumerated, it is desirable that we should be able to recognise the nature of the case although unable to save the life of the patient. I do not share the despondency with which the treatment of these sufferers has been handed down to us, and should hope, if the affection be recognised in time, and treated with promptitude and skill, some of these might be brought to a successful issue.

To aid this recognition I will relate the case of Mrs. W., æt. thirty-two, of Hornsey New Town. The patient was mother of three children, the youngest of whom was three and a half years old, and considered that she was advanced two months in pregnancy, in the third week of March, 1864. On the 18th of March, a sanguineous discharge, unaccompanied by pain, occurred from the vagina. It was scanty at first, increasing towards evening. On the 19th it was more free, and with the fluid a substance of the size of a walnut was expelled. This was, no doubt, a small coagulum, though it was supposed by the patient to be what is popularly termed a miscarriage, and was not reserved for examination. The patient did not rest, but went about as usual, and went to church on Sunday, the 20th, the discharge having then ceased.

* Read before the Hunterian Society, November 29th, 1865.

On the 21st, after dinner, acute pain in the hypogastrium supervened, and continued throughout the afternoon and evening. Sinapisms were applied twice by the patient's mother, the first soon after the onset of severe pain, the second after the lapse of three or four hours, and were thought to have given some relief. Fainting came on and alarmed the relatives, when medical advice was at length sought. I was called upon about eleven o'clock at night whilst in attendance upon a case of labour in the last stage, to visit the woman. At the urgent solicitation of the husband, I left for that purpose, the patient residing about a hundred yards distant from the case I was then attending. The gentleman (Mr. Roper) who attended Mrs. W. and her family lived at some distance. Another practitioner had been sent to, but his assistance could not be obtained. I relate this as part of the history because I imagined the services of their own attendant would be secured in the event of the woman not speedily recovering from the state in which I found her.

She was deadly pale; pulseless, with cold extremities; the abdomen was flaccid; the hypogastrium was very sensitive to pressure; there was coldness of the general surface of the body; no discharge from the vagina. The heart's action was fluttering, but the pulsations were distinct. The patient answered all questions in a composed manner.

I prescribed for her Hoffman's anodyne, æther, and laudanum, to be repeated from time to time, and then left her, as I had to return to my own patient who was in labour. At 10.30 A.M. on the following morning, an urgent message was sent to me to the effect the woman was dying, and requesting me to visit her immediately. I saw the patient a few minutes after the receipt of the message. I found that the pain in abdomen had continued, and that no sleep had been obtained in the night; but Mr. Roper had not been sent for.

The patient was unable to articulate owing to extreme prostration; no pulsation could be felt at the wrist, and the same general appearance as on the previous night was present, accompanied by greater coldness, with restlessness and jactitation. She died at ten P.M. the same night.

Mr. Roper, of Shoreditch, and Dr. Burrell, of Stoke Newington, assisted me in the post-mortem examination. We found on examining the abdomen eighteen hours after death what we expected to find, the foregoing symptoms being such as would strike anyone acquainted with disease, as the result of the rupture internally of a vessel or vessels and consequent hæmorrhage. The cavity of the peritoneum was filled with blood, separated into clot and serum, the clot occupying the whole pelvic cavity, the serum rising above the umbilicus. It was

estimated at from four to five pints. This was carefully removed and the uterus sought, Mr. Roper believing it to be a case of extra-uterine conception from having known a case having a similar history and fatal result. I mention this for two reasons: the first is, that it is possible to diagnose a case of this kind during life if it is possible to say what the patient died of before any examination is made, and before having evidence of effusion; the second is, that our investigation took place with every care towards securing proof of the nature of the case, and to save the ovum if possible, yet no ovum could be found. In addition to the blood, a few small pieces of albumen, white and without form, situated in the pelvis, were the whole of what was seen unconnected with the tissues. No sign of inflammation was present in any part. The left Fallopian tube was ruptured at its uterine end, leaving a cavity into which the extremity of the little finger could be introduced; within the cavity was situated a very small clot. The size of the clot did not exceed five lines in diameter, and was from one to two lines in thickness, in the recent state. The uterus and its appendages were removed for more careful examination. The womb was larger than in the unimpregnated state, and projecting from the os was mucus tinged with blood. Dr. Braxton Hicks completed the examination.* He readily found the chorion-villi, so that there is no doubt whatever about the true nature of the case. The uterine parietes were thicker than in the unimpregnated state, the uterine cavity was larger, and exhibited some evidence of so-called deciduous membrane, the internal surface being covered by a jelly-like mucus. The inference from the post-mortem examination, then, is that the ovum was very small and dissolved away before rupture, and that there was no abnormal state of the tube itself, independent of the presence of the ovum within it.

We should be clear as to the nature of the proof, and how that proof is to be obtained in any similar case, for it might happen to the practitioner to be called upon in some cases to give evidence in a court of law as to the cause of death, and in any case he would be required to give an opinion to the relatives. The question naturally occurs to us upon examining such a case as that detailed, whether it is possible to arise from any other cause than an ovum in the tube? Is there any

* A beautiful preparation of the womb and its appendages was made under the superintendence of Dr. Braxton Hicks, and may be seen in the Museum of Guy's Hospital. In this preparation the following parts are plainly shown:—The deciduous membrane in the womb; the remains of the foetal membranes in the left Fallopian tube, and a corpus luteum in the corresponding ovary; the uterus, enlarged to about the same size as it would be at the second month of pregnancy, the Fallopian tube being quite pervious.

record of any such case? There is such a record, but as I shall endeavour to show, though the case has been quoted on very high authority,* it rests upon evidence which fails to substantiate its singularity. Forty-five years ago, in a village in France, a nurse named Renaud quarrelled with her husband, who was a wood-cutter. She fell into a violent rage, and exerted herself vigorously in the fight which ensued. This was in the evening, and the night was supposed to have been passed in similar amenities. The following morning, the woman was able to attend to some domestic duties, but at eleven o'clock she was seized with violent colic, accompanied by sickness; she threw up the food which she had eaten, and vomiting and purging succeeded with frightful rapidity. The illness made rapid progress, the abdomen became swollen, the pain increased in intensity, and the vomiting and purging were constant. At six P.M. she had cold sweats, hiccough, and syncope, and she expired in convulsions. The body was buried, but was exhumed after ten days, owing to the state of public opinion produced by the unfavourable reports against the husband, and a charge of poisoning was advanced. The examination of the body took place on October 29th, eleven days after the fight had occurred.

The body was free from decomposition, the skin singularly white, and showed no ecchymosis nor other sign of external violence. The breasts were large, and emitted on pressure a small quantity of milk, which seemed to be very healthy. The brain, heart, mouth, and lungs were normal; the latter of a pale rose colour. The abdomen was much swollen, and appeared to be distended by fluid, causing indistinct fluctuation. Upon opening the peritoneal cavity, much astonishment was produced on finding that the peritoneal cavity was full of blood, the amount of which was estimated at more than eight pounds. After a fruitless search throughout the whole extent of the alimentary canal, where the cause of the mischief was supposed to exist, and after a dog had swallowed the few ounces of intestinal contents without any effect, showing the absence of poison, the whole peritoneal cavity was thoroughly cleansed and washed out. It was then discovered that there was a rupture of the right Fallopian tube, close to its uterine end, an inch in circumference, oblong in shape, with irregular and fringe-like edges, having a reddish areola of three lines in extent. The whole of the peritoneum was most carefully examined, and no other lesion could be found. The internal surface of the womb was of a light colour, and quite ex-sanguine. It contained about

* Nouvelle Bibliothèque Med., tome 1; Boivin and Duges; Dr. R. Lee in "Cyclopædia of Pract. Med.," Art. Fallop. tube; *Idem*, in his work on "Ovarian and Uterine Diseases"; Dr. Churchill's "Midwifery," last edit.; —Art. Extra-Uterine Fœtation.

half an ounce of mucous fluid, and not a drop of blood. Of course, the conclusion arrived at was that the hæmorrhage resulted from ruptured Fallopian tube, and that this was the cause of death.

Speculating upon the cause or sequences of this rupture, the gentlemen appointed to report on the case acknowledged its difficulty, and found themselves at a loss how properly to account for it, and observed that if it might be allowed to venture a conjecture in a question of medical jurisprudence, they would refer it to great mental excitement at the period of menstruation, causing retention of the catamenia, and consequent congestion of the womb and its appendages, and they would suggest that the efforts with the chair, which she had used as an instrument of attack, combining with the force of the circulation in an organ at the time weak, might possibly account for a rupture of the *right* Fallopian tube, which was here asserted to be relatively more delicate than the tube on the other side of the abdomen. I ask the experienced accoucheur if this is really so. If this explanation be correct and satisfactory, it is the unique case which some consider it to be, none having been recorded since, as far as I am aware. And yet upon what ground has this been quoted as a precedent?

I submit, with great deference to the eminent persons who have quoted this case as rupture of the Fallopian tube, independent of an ovum, that it is not proven and viewed by the light of the case which I have related, that it ought to be ranged under the class of tubal foetations.

Contrasting the two cases, we see that in each no remnant (to common observation) of an ovum is to be found, and that it is only by new instruments and methods of research that the accomplished accoucheur is able to discover unmistakable evidence of the true nature of the more recent case, which came under my own observation. Even in the anomalous French case it would have been extremely doubtful whether any microscope could have discovered, after ten days burial, after the search which was made in the abdomen without reference to the real cause, after the scraping, clearing out, and washing of the pelvic cavity which took place, any remains of that delicate chorion which constitutes the high proof in our case, and is the only true proof in all such rare examples. But no microscope was used, or even thought of in the examination of the French case, and I consequently reject this entirely as a precedent.

The state of the lining membrane of the uterus would not be sufficient evidence; there might have been a so-called deciduous

* *Vide* "Ramsbotham's Midwifery," Dr. R. Lee's "Cases," *Med. Gazette*, vol. xxvi, ; Chaussier ; Langstaff ; Velpeau, quoted by Dr. Lees.

membrane,* which was expelled in the dying agonies of the woman, but this membrane is not always present, and when present indicates no more than a consentaneous action in the uterine system, the result of the well-known law, "*ubi stimulus ibi fluxus*." We may well believe that the tissue of the uterus itself was found "*blanchatre*" after the loss of over eight pounds of blood. The negative evidence furnished by the womb itself would not support so improbable a theory as that advanced by the reporters on the French case. It is sufficient to know that undoubted instances of the absence of this lining have occurred to competent observers.

The laws of life, unlike the laws of physics or chemistry, which are of unvariable operation, admit of occasional, not to say frequent exceptions. The size of the organ is not invariably increased, although such is usually the case.*

There was neither decidua nor gelatinous mucus in the cases related by Dr. Smith, Dr. Ring, and M. Messer.† It is but right to say that this condition of parts is rarely wanting in examples of the tubal variety.

Now, these cases generally terminate about the second month, and then fatally; but on the other hand, the tube may grow with the foetus, which may attain maturity in this *habitat*, and be retained for as long a period even as twenty years. Such a case was reported by Dr. Maunsell to Dr. Campbell, and is preserved in the Museum of the Royal College of Surgeons of Ireland.

Another case reported to this author by Maunsell died when advanced only four weeks in her second gestation, without any known cause.

These are the extremes of this class of cases.

Omitting those cases of rupture from retention of the catamenial blood, through imperforation and from accumulation of pus due to inflammation of the tube, either singly, or accompanied by that of the neighbouring organs, we find there is no well authenticated case of rupture of the Fallopian tube independent of an ovum.

The cases of exudation of blood to which these organs have been noticed to be liable, as has been principally observed in the puerperal state, in abortion, and connected with metropéritonitis, are obviously irrelevant; as also where the tube has been the passive conduit into the peritoneum of fatal uterine hæmorrhage.‡

The diagnosis is an important point and one which must

* Ingleby's Case.—*Edinburgh Medical and Surgical Journal*, vol. xcii.

† *Vide* "Dr. Campbell's Essay." 1840.

‡ Quoted in *Nouvelle Bibliothèque de Med.*, T. 1, P. 261. Remarks on Renaud's Case.

determine our conduct, whether to act with promptitude by means directed to the real nature of the case, or to lose the only chance we have of benefit by inefficient measures. Time here, if good can be done at all, is everything. To wait in hopes of revival under stimuli is to wait till the patient dies. It therefore becomes us to be aware of such a contingency as that of fatal hæmorrhage going on into the peritoneum, so that we may be able to fix its seat. The mind being directed to these cases, as cases where immediate action is required, and not as medical curiosities, where death may bring no dishonour, and recovery add nothing to repute, will seize the moment of action when an opportunity occurs, to do all that is possible for the safety of the patient. In the exercise of a grave responsibility the medical attendant at the bedside of his patient is called upon to review all the circumstances which may give rise to symptoms so formidable to him and so appalling to the friends. Referring back to the record, we find that three days before the alarming illness of Mrs. W., she had a sanguineous discharge from the vagina, that she believed herself to be at the time two months advanced in pregnancy, and that on the fourth day various symptoms of internal hæmorrhage supervened—viz., syncope, coldness of the general surface, severe hypogastric pain and death-like pallor, without radial pulse, and with fluttering of the central organ of the circulation. No hæmorrhage that had taken place externally could account for such symptoms. The coincidence of such signs with hypogastric pain of great severity occurring about a menstrual period would aid the practitioner in fixing its seat and furnish him with a key to the diagnosis.

He could not mistake this for inflammation since it has no resemblance to it. The only supposition left to him would be hæmorrhage internally. Possessed of a knowledge of the former elements in the inquiry,—the pain, its situation, and the occurrence of previously manifest disturbance in the uterine system, he would naturally connect them in one chain of evidence, and arrive at some degree of certainty as to the seat of the malady; in fact, the presumptive evidence would be as strong as in many other cases where he is frequently called upon to take immediate action. Without losing the first opportunity of acting, it would be well for him, as soon as possible, to be fortified by the opinion of more experienced practitioners, knowing how difficult it often is, even in cases of frequent occurrence, to satisfy the mind that one sees the whole case, and is in possession of the true cipher by which to read aright the important evidence before him. I purposely avoid touching on the ætiology and pathology of these cases, as they are points to be studied more conveniently elsewhere than at the bedside of the patient, and I also restrict myself in my remarks to that variety

of extra-uterine pregnancy of which Mrs. W.'s case furnishes a typical example.

We now come to the treatment. It is obvious that the first indication is to stop the loss of blood, presumed to be going on internally, and that the best means for that purpose would be pressure; but it is very difficult to apply effectual pressure in this situation. It is so far removed from manipulation, so deeply seated in the pelvis that compression over the abdomen can act but indirectly upon it in limiting the amount of effusion. It seems probable that a binder might be so firmly applied as to considerably limit the quantity. By interposing some firm substance betwixt the abdomen and binded place, over the umbilical and hypogastric regions, and making thorough compression at the onset. Cold might be so used as not to give discomfort to the patient, or cause a weight that could not be tolerated; this might be effected by means of pounded ice in a bag or bladder, occasionally renewed.

At the same time it would appear advisable to remove the urine by the catheter, plug the vagina full, and secure a napkin over it, attached in front and behind to the abdominal compress. The urine must, of course, be removed at least once a day, if the woman cannot void it without moving from the horizontal position, a firm mattress should be used for the patient to lie upon, the pelvis should be elevated, the temperature of the extremities attended to, and warmth applied if they are cold, the heat of the apartment regulated according to the seasons of the year, and every disturbing cause should be as much as possible avoided.

Eggs in every form in which they can be taken, strong beef-tea, iced, or strong broth would seem to be the most appropriate food. If thirst or sickness be present, the administration of small portions of ice, allowed to dissolve in the mouth, frequently removes the former, and allays the latter complication, and may exercise a beneficial effect in other respects.

As a subsidiary curative remedy constitutional astringents may be used. The practitioner will select those in which he has most faith. The gallic acid will probably be the first which he will try; this may be given alone, in ten grain doses, or in combination with alum and dilute sulphuric acid and frequently repeated.

In a recent case of hæmaturia under my care, in which the bleeding was very profuse, this remedy, singly and combined, failed, but the bleeding was stayed by repeated doses of acetate of lead and opium, and by enemata of turpentine into the rectum. The acetate of lead was commenced by a dose of five grains of this salt and one of opium, and continued in two and a half grain doses with a sixth of a grain of powdered opium, every

four hours. An ounce of turpentine with half an ounce of castor oil was used as an injection in about half a pint of gruel and allowed to be retained for some time. It might be suggested here, whether we might not with benefit to our patient avail ourselves of the hæmostatic properties of turpentine, injected into the rectum. The left ovary lies close to the bowel, and no doubt a portion of the injection would permeate the tissues, and might possibly have a beneficial action as a direct styptic agent.

The objection in theory to this method of treatment, is that the bowels should not be disturbed, but should be kept completely closed. Now, experience, not theory, must decide this question, and it is possible that the enema may be injected without passing away at all, if administered in a quantity not exceeding six ounces, and mixed with the yolk of an egg and with gruel. Dr. Campbell, in his Essay, has told us that in some instances the opening into the tube has been so small that it admitted nothing larger than a surgeon's probe, and yet it proved fatal.

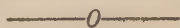
If we can check the hæmorrhage by any means only for a time, so that a coagulum may be formed, and the first great danger may be averted, we may hope for a favourable issue, as this coagulum would soon become organised. We should, on no account, attempt to induce any action of the bowels, but should restrain their action by opium. This valuable medicine would also act in allaying pain, and soothing the excitability of the patient, and in moderating that restlessness consequent on loss of blood, besides being a good constitutional astringent. Unfortunately, all persons do not tolerate this remedy.

As regards the danger of subsequent inflammation, and the treatment of the case at a later period, the medical attendant will be guided by the symptoms which may present themselves. These are the reflections which have occurred to me upon studying Mrs. W.'s case, my own share of which was but partial.

It has been urged that when opportunities of this kind happen, it is right to deduce a practical lesson from them, and not to permit them to be lost through indolence or neglect. I have attempted to show, by the light of the case which I have related, that a reputed unique case should henceforth cease to be thus considered, and should be brought under the same category as a large class of cases, the existence of which has been long recognised after death, but unfortunately is not always recognised previously to a fatal termination. I have also endeavoured to point out the proofs which establish the true nature of rupture of the Fallopian tubes, through extra-uterine pregnancy, the signs which precede, and the symptoms which characterise it, and the most appropriate treatment.

It would have been more pleasing to have reported a cure instead of a fatal termination, but such a feeling ought not

to deter any one from relating his experience. As an esteemed and distinguished member of our profession, Sir Henry Holland has remarked, when writing on the subject of practical medicine, "no occasion should be lost, by improved methods as well as new facts, by more cautious observation, as well as greater exactness of testimony, of maintaining its fit place among the other great objects of human knowledge."



On Hypodermic Injections. By H. BEIGEL, M.D. Berlin, L.R.C.P. Lond., &c.; Assistant Physician to the Metropolitan Free Hospital.*

THE invention of the treatment of certain diseases by means of hypodermic injections has proved a great service, which in respect to the exactness and certainty of its action, can only be rivalled by one invention of a somewhat more remote date—namely, *ætherisation*. The distinguishing characteristic of the medical science of our century is the aspiration towards local treatment. Many great and beneficial results have been obtained in this direction, and, no doubt, still more will be arrived at in future.

Long before the invention of hypodermic injections, use had been made in diseases, of absorption of several organic and inorganic matters through the skin. Vaccination, syphilisation, epidermic application of morphia and other remedies are illustrations of this, but it was only Wood, and no one else, who first taught us that method of treatment, which is so very effectual in certain affections. After giving it a long trial, I boldly assert that in epilepsy, in nervous, rheumatic, and several other diseases, I would rather miss the vast number of remedies recommended for those disorders by different authors from ancient times up to our days, than give up the hypodermic injection. This method consists, as is known, in the application of strongly-concentrated solutions of medicinal substances to the cellular tissue, which application is effected by means of a small syringe, one end of which is so fine and needle-like, that it may readily and almost painlessly be thrust into the skin.

This operation is extremely easy. A fold of the skin is raised by the thumb and fore finger of the left hand at the spot where the injection is to be made, while the body of the syringe is held by the thumb, the forefinger, and middle finger of the right hand; the fine point of the tube is next passed through the skin, and the syringe is then discharged and withdrawn. The little opening in the skin is closed by the tip of the fore finger

* The proper derivation of the word gives "hypodermatic," but "hypodermic" has been retained, as being more commonly used.

of the left, while the right hand takes a piece of sticking-plaster to serve finally for closure instead of the finger. The whole operation can be done in a very few seconds. The question, *whether the injections are to be made on the diseased part*, has been extensively, and, I may add, uselessly discussed. Where the local application can be made, there the site of the injection should be. It is even possible that the examination of a patient may lead you to a particular spot, where the injection should be made. To illustrate this, I will mention the case of a lad who was subject to very severe epileptic attacks. The severity of the disease was checked by means of injections, but the patient very often suffered in the inter-paroxysmal periods from severe headache, and it was noticed that this complication decidedly disappeared when the injection was made at the right side of his neck, but that he was not relieved when the left side was the part selected.

Similar cases frequently occur; the patient assures you that he is much more relieved when a particular place is chosen for the application. In such a case, I see no reason why we should not comply with the wish of the patient.

The effects immediately following the injection are very marked. Some patients become drowsy, some giddy, but, with few exceptions, all are sleepy. They sleep usually for an hour or so and when pain only was the cause of their suffering, it is almost invariably relieved after awaking, and the changed expression of the patient's countenance shows at the next visit what service has been rendered to him.

Vomiting is an occurrence which is often observed, but in many hundred injections which I have made, I never noticed inflammation, soreness of the skin or similar complications as consequences of this little operation, although they have been described by some authors as not uncommon sequels of the hypodermatic injection.

It need scarcely be mentioned that such remedies only are suitable for hypodermic injections, as are easily dissolved in water and act in small doses; for the largest quantity of fluid used for injection does not amount to more than about twenty minims; usually six or ten minims will suffice. The remedies used are, therefore, almost all of a very powerful nature, and great care must be taken in their proper administration, and their correct measurement. It is, therefore, requisite to ascertain whether the division of the body of the syringe, which consists of a glass tube provided with a scale showing the quantity of fluid in minims, is exact.

Another reason for the exactness of the division is the rapidity with which the absorption of the fluid, when brought between the skin and the cellular tissue, takes place, and the greater

power with which the remedies act, so that an eighth of a grain of morphia, for instance, if hypodermically injected acts as powerfully as a quarter or even half a grain if administered by the mouth. The next care is to procure such solutions that a certain number of minims should contain the required quantity of the remedies. The best formulæ for those mostly used are the following:—

1. *Acetate of Morphia*, one scruple to one ounce of water with one or two minims of acetic acid; six minims of this solution will contain a quarter of a grain of morphia; it will be found useful to have also a stronger solution—viz., one scruple to two drachms of water, and one or two drops of acetic acid; six minims of the latter solution contain one grain of morphia.

2. *Sulphate of Atropia*, one grain, to two drachms of water, six minims of this solution containing a twentieth part of a grain of atropine.

3. *Aconitine*, two, or four, or eight grains to half a drachm of glycerine, and one drachm and a half of water; six minims of this solution contain one-tenth, one-fifth, and two-fifths of a grain respectively of aconitine.

4. *Nitrate of Strychnine*, one or two grains to seven scruples of water; six minims containing one twenty-fourth and one-twelfth parts of a grain respectively.

5. *Digitalin*, one grain to one drachm of water, with a few drops of alcohol; six minims containing one-tenth of a grain of digitaline, or digitaline one grain, glycerine eight minims, and water twenty-two minims, six minims containing the fifth part of a grain.

It may at once be remarked that, though benefit has been derived from different remedies, yet none can be compared with morphia, which is a true specific for the severe pain of many nervous disorders, for the violence of the paroxysms in epilepsy, which are almost immediately reduced by it, and for rheumatism in the acute as well as in the chronic form, as will be seen in the cases which I shall detail in a subsequent part of my paper.

The advantages which the hypodermic administration of medicines possesses over the same remedies given by the mouth are the following:—

1. *Hypodermic injections can be applied under any circumstance, and very often when medicines cannot be given internally.*

How desirable it is in many, particularly spasmodic diseases, to administer medicine, every physician knows. But in trismus, and in many other affections the locked jaw does not form the only impediment to the administration of remedies in the usual manner, since the inability of the patient to swallow, incessant vomiting, and other insuperable obstacles to the introduction of remedies into the stomach exist.

2. *The stomach is not affected by the medicine.* Every physician knows how often he is reproached by his patient for giving him such "nasty stuff," and although he often must admit the truth of the charge, yet he cannot allow it as an excuse for the patient not taking the medicine which he considers necessary. In other cases the medicine really weakens the patient, by depriving him of his appetite, or by otherwise causing a derangement of the stomach. Now, if we possess means of administering medicine, by which these inconveniences may be avoided, why should we not make use of them at once?

But, it may be said, vomiting occurs also after the hypodermic injection of certain substances. True, but this exceptional occurrence does not irritate the walls of the stomach, and it is a momentary nervous action, and bears witness to the general effect of the injection.

3. *Hypodermic injections generally act in a short time, sometimes instantaneously.* Some chronic diseases are almost as wearisome to the physician as they are to the patient. Remedies on which we place reliance either fail, or sometimes do not show any effect until after being taken for a very considerable period. I do not intend to enter upon the question whether such a cure, effected after the lapse of months and even years, be due to the prescriptions, or, putting it in other words, to the remedies used; but I may state that, for my part, I have but little faith in such cases. At all events, my conclusion is, that the more true or probable a cure is, the closer is the connection of cause and effect. Now, the effect of hypodermic injections is very soon marked after application; and so much am I convinced of that truth that I should never continue hypodermic treatment if I saw no effect after four or six injections.

4. *The duration of the disease is shortened.* It is really marvellous how soon very painful and disagreeable symptoms disappear, although they may have lasted for years. All authors who have tried the method agree on this point. Rheumatic paralysis is sometimes cured by a few injections, and pains which deprived the patients for months of their nights' rest often disappear as if by a charm; and, besides this, to many persons it may be of the greatest importance to be able to return to their occupation as soon as possible. Of course, I now speak of cases in which no lesions of tissue have taken place.

5. *The cure is not only effected in less time than when remedies are administered by the mouth, but is also more economical.* This is a matter of some consideration, especially in hospital practice.

(To be continued.)

Case of Tetanus (Traumatic), Terminating fatally on the Twenty-fourth day after Receipt of Injury, By T. F. MAY, Esq., L.F.P., & S.G., Newcastle-on-Tyne.

ON September 3rd last, a girl, fifteen years old, of nervous temperament and spare habit of body, received an injury to the third finger of the left hand, which extended into the last joint, exposing the cartilages and tendons; the wound was dressed the same night at the Infirmary, and again on the following Friday, the 8th. On the 11th she went into the country with a picnic party, and the next day, the 12th, she complained to her mother of a difficulty of breathing and a stiffness of the neck and jaws; her mother, supposing she had taken cold, treated it as a sore throat, and procured for her some medicines from a druggist, who recommended an application of dry flour to be applied to the wound, which was now very inflamed and painful. The tetanic symptoms becoming more severe and the spasms of the muscles of respiration, in particular, more violent, the friends requested me to see her. This was on the 16th, eleven days after the accident. At this period, with great difficulty in opening the jaws with the handle of a spoon, a teaspoonful of fluid could be got down. I gave her full and repeated doses of morphia and let her inhale chloroform, but with little or no effect. From the nature of the dressing, and the state of the wound, I hoped some change in symptoms might be made if I amputated a portion of the finger. Accordingly, at 11 p.m. on the same night, having put her under chloroform, I removed a portion of the finger, and ordered full doses of morphia every four hours.

The next morning I found she had passed rather a better night, could open her mouth and protrude the tongue, could swallow much easier, and expressed herself as better. This improvement continued with little variation up to about the 26th of September, she being enabled to take a considerable amount of nourishment, such as beef-tea, wine, brandy, eggs, &c. But at this date a change for the worse came on, she began to be delirious, the spasms returned with greater frequency, and she could not get down her wine, &c. Vomiting also came on at this stage, and she gradually sank, and expired on the 28th of September. The stump of the amputated finger healed by the first intention.

Throughout the progress of the complaint, the bowels were obstinately confined, and purgatives of jalap and calomel had no effect, and it was only by a repetition of turpentine and castor oil, with gruel as an enema, that we could get the slightest action of them.

I may add that turpentine stupes and mustard poultices were

placed along the course of the spine, as well as morphia applied to minute punctures in the skin.

The chief peculiarity in this case, is perhaps its duration (twenty-four days) and the apparent improvement under treatment, up to a certain time, as also the tolerance of large doses of morphia, which were increased to one grain doses; but even in this quantity, a full sedative effect was not at any time produced. Perhaps it may be questioned as to the propriety of removing the finger, and whether the case might have done better, had this part not been amputated; but from the disorganised condition of the seat of injury, I believe I did, what any one else would have done under the circumstances, besides which it must be born in mind, that under any treatment, tetanus is a most intractable disease, and very frequently fatal.

—o—

SPRAY.

“Some fancies like the solemn waves
That rush along the bay,
Sweep home again to quiet graves;
But some are like the spray
That higher up the sounding shore,
Flung from the foaming whirl,
Escaping to the deep no more,
Tremble in scoops of pearl.”

“SPRAY.” Macmillan & Co.

THE OLD LIBEL.

It is recorded of the gentle Shelley, who was far more of a Christian than most of his critics, that he once wrote *'atheos'* after his name in the travellers' book at some hostelry. We know not now if “star-eyed Alastor” wrote thus in one of those moments of sincere scepticism, which at some time or another occur to most of those deep thinkers who have essayed to fathom the perplexed deeps of our moral nature, and to solve the darker problems of human life—moments which occur alike to a Loyola and a Luther—or whether he wrote it in that spirit of orphanhood and of deep loneliness in what seems to the man thus exercised, as a God-forgotten and God-forsaken world,

“Wild, and drear, and comfortless,
As silent lightning leaves the starless night.”

In which of these moods or in what other he wrote this word, we do not know. The religious world of his day judging him harshly, chose to call him an atheist and an infidel, and as such we fear the author of “Adonis” and “Prometheus Unbound” is known even now to the many who never take the

trouble to inquire further of the truth of the statements they hear. Ever since the days of the author of the "Religio Medici," if not before, a similar reproach attaches itself pertinaciously to the Medical Profession. Perhaps few in our days would openly avow that they believed the old proverb, or rather by-word, "Where there are three doctors, two of them are infidels!" Yet, that a prejudice of this kind is widely spread, and that, too, amongst the more cultivated classes of society, it is vain to deny. And even the most charitable who are fain to allow that many of us may be some sort of erratic or eccentric Christians, still retain the idea that there is a certain hostility amongst us as a body, both to all visible and formal expressions of religion, and also to its established ministry and ceremonies.

It is proposed in this paper not to attempt to disprove this old libel, for that would be to give it an importance beyond its intrinsic value, but rather to try and show how such an idea could ever have been seriously entertained of a body of men, who from the days of Galen, or at least from those of St. Luke, have numbered amongst them as many "devout worshippers" as any other profession or class, the clerical only excepted, could muster. It is possible that in the days of heathenism, before the advent of Christianity, the vanity of some of the old physicians, or their keen observation of nature, would lead them rather to attribute their cures to the influence of their art, or to their own skill, than to the Grecian or Roman divinities. Be this as it may, it is most probable that in modern times this idea of the irreligion of doctors (as a class) takes origin from the divorce of the practice of medicine from the priestly office, which occurred about the time, or soon after, the revival of letters. Given the monk and the medicine-man united in one person, and the office of the leech at once becomes Levitical and sacred in the popular eyes; but the moment you separate the two offices, that moment will the populace imagine that there must needs be hostility between them.

But perhaps the one great reason why the public imagined the majority of our Profession to be infidels is, that as a rule, medical men are seldom or never ardent partisans of particular religious parties, or severe sticklers for specific creeds. As the mass of mankind cannot imagine an honest politician who is neither a red-hot radical nor an old-world obstructive Tory, so in religion, they think if Dr. Smith be not a Particular Baptist, he ought most surely to be the extreme of High Church?

That a man may possibly be a Dissenter, and yet not consign the whole hierarchy of England, as well as that of Rome, to endless perdition, is a problem too deep for the masses. And to hint to them that it is possible for a physician to worship in

spirit and in truth in the noble temples of his forefathers, to admire a dim religious light,

“Where the sweet choir sings and the organ rings,
Along the emblazoned wall,”

And to agree heart and soul in the creeds of Catholic Christendom, without hatred to the persons or properties of his dissenting brethren, and without the revival of the Star Chamber, is to suggest an idea which is too vast for their comprehension.

Again, the necessary duties of our profession which so often call us away from consecrated fanes to the bedsides of the sick and the dying, thus leaving the “doctor’s pew” in the village church untenanted by him, may contribute their share to the general idea of our godlessness. I fear it must be conceded that some of us are apt to make excuse for the neglect of the more public and social duties of religion, of those overt acts of worship which tend to make our religion less selfish, and to draw out the common sympathies of our nature. It is surprising how seldom a medical man who is so disposed need miss attending at least one Sunday service, if only a little method in his visits be employed. But this is delicate ground, and is rather a question for the individual than the public,

Let us pass on to notice another patent cause for the general impeachment of our religious character as a body. This we think is to be found in the low estimate formed by most of our profession of the value of what are called “happy death-beds” and dying utterances. We know that full often the “death-calm” is the mere languor and decay of physical death, and that the “ecstatic utterances” of the dying are not unfrequently the results of disordered mental processes going on in a disordered and well nigh worn out brain, or mere parrot-like efforts of memory loosened from the control of reason. We would not be understood to class *all* death-bed scenes in this category. It is ours often to witness how, in the words of Waller :

“The soul’s dark cottage battered and decayed,
Lets in new light through chinks that time has made ;
Stronger by weakness, wiser men become,
As they draw near to their eternal home :—
Both worlds at once as from a bridge they view,
That stand upon the threshold of the new.”

It is ours sometimes to gather from the dying hours of those to whom we minister, fresh reasons to “shame the doctrine of the Sadducees,” and to understand the meaning of that wondrous apostrophe—“The sting of death is sin, and the strength of sin is the law ; but thanks be unto God who giveth us the victory !”

But still the impression of the general worthlessness of death-

bed scenes remains ever strongly impressed upon the medical mind, for it sees that not unoften "the wise man and the fool both die alike." But its strong common sense views on these points not unfrequently shock the piety of theological tea-tables.

Again, our intimate acquaintance with the private life of many of those who pass amongst their generation for "beacon lights" of the religious world often gives a daguerreotype-like "harshness of truth" to our judgments of their characters, which shocks their admirers. It must be confessed, too, that a smattering of medical science, often acquired by the established clergy and ministers of other denominations, either whilst at college, or from subsequent desultory readings, too often leads them to interfere rashly and unwarrantably in the treatment of disease, and hence sometimes arise little disputes and graver differences between the parson and the doctor, which are apt to be misinterpreted into opposition to the sacred office of the offender. But in truth the public and the clergy who thus interfere can scarcely understand the feeling with which a conscientious medical attendant who has watched his patient through a fever, or some equally grave disease, with care and skill, and so far success, views the rash interference of one who perhaps hardly knows the name, much less the nature or the seat of the disease, and who ventures rashly to prescribe some nostrum, on the very logical grounds of its success in a totally different disease, in a person of entirely different constitution. It is as if some rash passenger were to attempt, in a dangerous and difficult channel, to snatch the command of the rudder from the skilled hands of the pilot, although ignorant not only of that particular passage, but even of the first principles of navigation. It is because we feel sure that the interference we so deprecate is often prompted by motives of benevolence, that we venture to speak thus strongly. Our clerical friends will, too, we feel sure, excuse us for hinting gently at another medical grievance. They are apt to be strong partisans in the cause of friendship, and too often in recommending a favourite medical man, they depreciate another whose skill, experience, and attainments in his profession are not a whit inferior to those of his favoured rival. Yet although, perhaps, he has given almost a lifetime to the study of disease, and it may be has gained a distinguished position in the medical world, his fame, and skill, and reputation are coolly demolished at a breath, in order to recommend a man, perhaps, every way his inferior.

I fear that we must concede here that we ourselves are not quite free from blame in this matter. Consulting surgeons and physicians in large cities are not always too considerate of the reputation of their country brethren, and are apt sometimes to

blame them for treatment which they themselves would have been forced to adopt in similar circumstances. It is all very well to say, "such and such a thing ought or ought not to have been done," but what if the patient will not submit, or if his surroundings render the taking of certain measures an impossibility?

Oh, if the "Golden Rule" were but the established law of medical ethics everywhere!

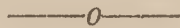
One more cause of controversy deserves, perhaps, a passing mention, although it hardly affects the regular ministers of religion, but has more to do with injudicious friends. It is that we are often obliged to lay an interdict on the free access to the sick chamber of those fervid apostles of the "brimstone school" of theology, who choose the crisis of a fever or some other acute disease as the most appropriate time for fierce declamations against the exhausted sufferer, mingled with fierce denunciations of his past life and opinions. Such zealous, but ill regulated, piety often needs stern repression, and we, knowing how life often trembles in the balance, must be excused if our language in denouncing such be sometimes more forcible than polite. Being, as Hufeland says, "the guardians of the sacred flame of life," it is ours to guard it closely and rigorously.

On one more point, too, we are often misjudged by both clergy and laity. We learn from our earliest student-days how every infraction of God's physical laws is as surely attended by pain and suffering, and physical penalties, as every transgression of His moral laws is followed by moral and spiritual suffering, only that we see the results follow more closely and more visibly. We know that mankind bring on themselves more than half of their own sufferings, and hence when fever and pestilence walk through the land, although we, too, recognise the hand of God, in vindicating his broken laws of health, yet we feel it to be a practical impiety almost approaching to blasphemy to attribute to the anger of God against our spiritual sins, what we know to be practically the nations own doing by its wilful neglect of God's natural laws. If we know that fever and cholera spring from the neglect of cleanliness and from various excesses, or from famine which we might have relieved, and from overcrowding which we never tried to avoid, what is the use of appointing public fasts and prayers to importune the Almighty to do that for us which it is plainly our duty to do for ourselves; yet for this we are reckoned impious and even atheists. We trust, however, that many of the clergy are beginning to understand these things, and in a few more years we may hope that much more light will be gained by the general public on such matters. It may be, too, that what we see in our daily rounds of the effects of circumstances and of

education upon the future character, of the transmission of mental and moral qualities from parents to offspring, and the influence of "the surroundings" on the problem of "saint or sinner," may somewhat indispose us to adopt some of the extreme conclusions of certain schools of theology, and the more so when we find certain graces of charity and humility and self-denial, in which these sects are often so deficient, budding and blooming in modern wildernesses where we should least expect them.

For each and all of us, much as we may regret that the profession to which we belong should lie under an unmerited stigma, it is of infinitely more importance that we should individually possess a piety of deeds rather than words; and, following His example who came "to heal all manner of diseases and Himself bare our sicknesses," should by "patient continuance in well-doing" at last attain through Him "to glory, honour, and immortality."

Ἰατρὸς.



A SKETCH.

ON the black board by the door of a London hospital there is attached by four wafers a simple announcement. Simple as it looks, it meets with very great notice, for as the students keep dropping in, some in little knots, others singly, a good many in pairs, the first thing they look at is the little sheet of paper with but few words in print, and fewer in writing, upon it.

"Has it begun?" "Is Mr. — here yet?" are the constant questions addressed to the important man with the red collar on his coat of blue. This functionary is the porter, whose chief business consists in keeping order among the crowd of people in the out-patients' room, and in letting up and down a wooden bar, to allow them as their turn arrives, access to the celebrities they have come to consult.

Let us follow the students as they pass through the various passages and corridors of the building.

The out-patient practice has no charm for the students to-day. The physicians are going their rounds alone, for however often the theory may be enunciated that in rank the practice of physic takes precedence of the practice of surgery, yet the fact remains patent that a brilliant operator creates more enthusiasm than the best physician, his test-tubes, stethoscope, and microscope notwithstanding.

Passing up a narrow staircase, we find ourselves at the top of a tier of steps, at the bottom of which is the room proper.

The bright rays of the sun pass through the ample skylight,

and discover a densely packed mass of people filling the round gallery.

We are in the operating theatre of the hospital. Around us we see, let into the walls, medallions of the great surgeons of old times, the apostles of the art, whose names are held in veneration by their clever, eager followers of to-day.

Here and there among the students we have pale faced anxious looking men who have called in, during their round of so-called "general practice."

They have come to see their former master operate,—the surgeon who is at the pinnacle of the profession, and who has earned fame, wealth, and now a title, by his talents, and who has been the instrument in God's hands of alleviating much human suffering and distress.

In the area of the theatre there are signs of the approaching operation. There is the peculiar table that can extend and fold in all directions, with its straps and appendages. There are the cans of hot and cold water, the basins, the sponges, and many other things. The surgical dressers flit about, anxious that nothing shall be forgotten, and the house-surgeon with ligatures ready in the button-hole of his coat, is examining for the last time the glittering array of knives and other instruments preserved in a case as delicately lined as a lady's jewel box.

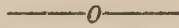
By degrees the minor luminaries of the medical and surgical staff of the hospital arrive, and the students ranged above, so noisy at their college in awarding approval to their favourite teachers, only show here by a half-stifled buzz their recognition.

At last, the lion of the hour arrives, a strong, stalwart man, placid, cool, and smiling, the least anxious of the whole assembly. A smothered roar of approbation meets him as he lifts his eyes and nods to the assembled crowd. A gesture of his hand checks any unseemly noise, for now the patient is being carried in and laid tenderly on the cushioned table. The latter gives a sharp, half-frightened glance above at the dense mass of hushed, eager, and expectant students.

The time has at last arrived which has been in his thoughts for days and weeks, aye, may be months. It is a moment of agony for the poor man, in spite of all the care and kindness shown him. The great surgeon whispers in his ear and pats his shoulder kindly. The patient grasps the hand of his friend, and instantly another medical man fits the apparatus for the inhalation of chloroform. In a little he is wandering in his talk, he gesticulates with his hands, but soon he drops off like a sleeping child. Quietly turning up his cuffs and giving a scrutinising glance through the gleaming instruments spread on the white-cloth'd tray, the surgeon turns to the diseased limb. There is a dead stillness throughout the theatre as with steady

hand the operator coolly and rapidly proceeds. His knife is crimson now, and the warm red blood wells up and spirts around. The saw is quickly used, and a few more dexterous movements with the knife, perfect the operation. All the pumping arteries are caught and tied, and the parts are skillfully adjusted. Then the still unconscious patient is carried off to awake in his bed and find himself surrounded by all that skill, ingenuity, and wealth can bring to bear for suffering man. The surgeon has done his best,—within his limit : the issue rests with God. For : “Except the Lord build the house, they labour in vain that build it.”

A. T. M.



WHERE IS THE DOCTOR ?

THE dramatised version of Mr. Charles Reade's clever work of “Never Too Late to Mend,” is inimitably acted and wonderfully put upon the stage at the Princess's Theatre.

There is, however, one point in which the truth would seem to be obscured.

While the prison chaplain stands prominently forward between the eccentric governor and his victims, the medical officer of the prison is entirely ignored.

This does not betray that knowledge of the facts of a case which alone gives point to sarcasm. For the truth is, that where the necessity for a doctor's interference in matters of discipline *does* exist, the authority of the doctor is paramount.

The lash of the drummer ceases to inflict punishment on the soldier when the by-standing doctor intimates to the officer commanding the parade that the fainting culprit must be taken down. The doctor of a civil prison offers no exception to his military brother, therefore the weakly Josephs would be carefully looked after, while Robinson's labour would be made suitable to a man just convalescent from a fever.

Misguided prison governors may perchance rarely exercise a stern discipline, but a tyrannical doctor is as uncommon as the black swan of our Latin grammar.

Humanity is the watchword of the profession, for even where “shamming” is suspected, the prisoner receives the benefit of the doubt.

REVIEWS AND NOTICES OF BOOKS.

On the Cure of Club-Foot without Cutting Tendons; and on Certain New Methods of Treating other Deformities. By RICHARD BARWELL, F.R.C.S., Assistant-Surgeon, Charing-cross Hospital, &c. Second Edition. Pp. 231. London: 1865.

IN a notice which lately appeared in the MEDICAL MIRROR, vol. ii., p. 637, of Mr. Bigg's work on "Orthopraxy," the history of the progress, or, rather, the retrogression, of the knowledge of deformities was given at some length, so that we need not now refer to this point further than to remark that, from the time of Hippocrates until a very recent date—during a period of upwards two of thousand years—no improvement was introduced into the treatment of this important class of cases.

The idea that the division of tendons or muscles would be attended with benefit in certain deformities seems to have possessed the minds of many surgical writers during the last century, but it was reserved for Stromeyer, in 1832, to show how this operation could be performed without much risk of producing suppuration and sloughing. The immediate consequence of his discovery of the ready and, as compared with other modes, harmless operation of subcutaneous division of tendons, was, that surgeons, struck by the apparent success of the new method, adopted it without hesitation, and this practice has since held its ground almost unquestioned.

In a paper which he read before the Medico-Chirurgical Society, in 1861, Mr. Barwell advanced views, contrary to those commonly accepted, upon this subject; and, in the present volume, he enters more completely into his reasons for believing that tenotomy, so far from being a certain and efficacious means of treatment of deformities of the foot, is, in point of fact, useless and often injurious to the patient. The author has not arrived at these conclusions without full consideration. At an early period of his professional career he was, as he observes, so charmed with the easy change of form which could be produced in most distortions by tenotomy that he became an almost enthusiastic admirer of the procedure. On following up carefully the subsequent history of a large number of cases, however, his admiration of tenotomy received a check when he found that in many the deformity more or less returned, after a time; that in others a different or opposite distortion supervened, and that power over the limb was actually

injured or destroyed in a large majority of cases. Another circumstance tended further to shake his faith in tenotomy—viz., that, upon making a very careful dissection of the tendinous, fascial, and ligamentous structures about the foot and ankle, he observed that the anatomical conditions of most tendons were much against the probability, or even the possibility, of their unencumbered reunion.

He adds that a further study of the subject convinced him that the different varieties of Talipes all primarily affect the front half of the limb, and that the mechanical and after treatment of club-foot by shoes, all acting principally on the ankle-joint, is ill-adapted for the purpose of remedying the deformity.

Having thus arrived at the conviction that the usual method of treatment of deformities of the foot was wrong, the author set himself to ascertain a more satisfactory means of cure. Of course, before determining what plan to resort to, it was necessary to frame definite principles by which to be guided; and as it is necessary that they should be placed before our readers, in order that they may clearly see the *data* upon which Mr. Barwell's procedure is founded, we will give them in the author's own words:—

“ I have devised and carried on to success a plan of treatment diametrically opposed to that by tenotomy, and utterly different to that by shoes. It is conceived and founded on the following principles:—1st. That as the loss of balance in muscular action which produces the deformity, is caused by paralysis or debility of a certain set of muscles, we are to restore that balance. 2nd. This restoration is to be accomplished by substituting a force for the weakened or paralysed muscles, and not by depriving the still useful ones of their power. 3rd. That the succedaneum must be applied, as nearly as possible in the direction and position of the paralysed organ or organs, and must act on the parts, and on those only, on which the muscular force is normally expended. 4th. Thus the foot is not to be treated as a whole, but as a compound of many bones, each of which being subject to muscular action plays a definite part in deformities. 5th. That since motion is essential to prevent or overcome fatty degeneration, as well as to allow the weakened muscles to recover their power, the foot is not to be fastened to any rigid clog, but, on the contrary, each part is to be allowed movement, which is gradually to be guided by the initiative force from an abnormal into the normal direction. 6th. That since a muscle stretched while at rest only remains elongated during repose, it is necessary to prevent return of distortion by accustoming the muscle to act while under the influence of the elongating force, and in the limits of its increased and normal length.”—Pp. 60 and 61.

The method which Mr. Barwell adopted to carry out the indications of treatment referred to in the passage which we have quoted, was to substitute for the absent or diminished forces a spring or springs of india-rubber, stretched between the origin and the insertion of the muscle or muscles at fault, at a degree of tension that would make up for the diminished or lost force

of the muscle. The insertion of the muscle was imitated by adhesive plaster fixed over the place of attachment for the tendon. This plan has its difficulties, but they can be surmounted by perseverance and careful management, while it possesses many evident advantages over either tenotomy or the application of heavy apparatus, which tend to still further impair the condition of the joint.

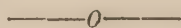
The muscles principally concerned in the different varieties of Talipes, are—in *T. valgus*, the anterior and posterior tibials ; in *T. varus*, the peronei muscles ; in *T. cavus*, a very rare variety, the sural group, the tibialis anticus, and peroneus tertius ; in *T. calcaneus*, also very rare, all the muscles at the back of the leg ; and in *T. equinus*, the muscles supplied by the anterior tibial nerve, and not merely the tibialis anticus muscle, as is taught by tenotomists.

The two concluding chapters are devoted to the consideration of some common deformities of the legs, in the treatment of which Mr. Barwell also adopts a method of his own. The usual mode of treatment of knock-knee or *Genu valgum*, and of bow-legs, or *Genu extrosum*, consists in binding a padded wooden splint on the outside of the leg with webbing straps ; the band, which corresponds to the part of the limb most removed from the straight line is pulled most tightly, in the hope of dragging that point nearer to the straight splint. The immediate consequences of this contrivance are, that much pain is inflicted upon the child ; that the knee-joint is always kept stiff ; and that the child subjected to this treatment is obliged to walk in an unnatural and fatiguing manner. The ultimate consequences are unfortunately in an inverse ratio to the disadvantages, for, after many months of continuous treatment, it is often necessary to give up this procedure, owing to its having been productive of no benefit, frequently only of detriment, to the patient. The plan which Mr. Barwell recommends, does not confine the knee-joint, and an active resilient power is substituted for the stiff wooden splint and inelastic strap.

Instead of wooden splints, he uses pieces of elastic spring-steel. His method of treatment is founded upon the idea of bending a straight piece of steel of this description to the same degree as the abnormal curve of the limb, fastening it thus bent to the leg, and then removing the retaining power, so that the tendency of the steel to resume the straight form may exert a certain and plastic force upon the abnormal curve of the limb. By employing two steel splints, one for the thigh and another for the leg, and pivoting these together at a place corresponding with the knee, a spring action is procured along the whole length of the limb, and perfectly free flexion is allowed to the knee-joint. For a further account of this apparatus, and the

author's manner of applying and fixing it, we must refer our readers to the work itself.

Mr. Barwell has introduced a new and ingenious mode of treating various deformities, which at the same time is so rational and consistent with fact, that it must effect a great revolution in orthopædic surgery.



The Harveian Oration, 1865. By HENRY W. ACLAND, M.D., LL.D., F.R.S., Regius Professor of Medicine in the University of Oxford. Pp. 85. London: Macmillan and Co. 1865.

The publication of Dr. Acland's oration will be interesting to many—to those who having heard it, naturally wished to see it in print, and to those who not having had the opportunity of hearing it, were yet desirous of knowing what was said by the Oxford Professor of Medicine on the occasion of the first delivery of this oration in English.

The Harveian Oration, as it is termed, is of old date, and, in fact, was instituted by Harvey himself in 1656, when he gave an estate of £56 per annum in perpetuity for the use of the College of Physicians. The purposes to which he wished the donation to be applied were an annual feast, at which a Latin oration should be delivered in commemoration of the benefactors of the College, a gratuity for the orator, and a provision for the keeper of the library and museum which he had given to the College.

Harvey's numerous acts of generosity to the College led to the association of this oration still more closely with his name, and it is customary for the orator to whom the task of its delivery is entrusted to occupy the time principally by panegyric of the great physiologist. The best of ideas, too often repeated, are apt to become wearisome, and the College no doubt influenced by the dull and monotonous repetition of the same ideas year after year, clothed in a dead language, recently determined to give the option to the Harveian orators of delivering their orations in Latin or in English, so as to lead to the substitution of the latter for the former language. This change will be attended by two advantages,—viz., that the orator will be able to make himself more generally and completely understood, and that he will thus be encouraged to take a wider range of subjects than has hitherto been the case.

After paying a well-merited compliment to the President of the College, and referring to the losses which the College had sustained during the previous year through the deaths of Kirkes, Southey, Turner, Bird, Duke, and Ferguson, Dr. Acland passed

to the topic which he had selected for his oration,—how far Harvey was influenced in his researches by the idea of Final Causes, and whether, in being in a great measure thus guided, he followed a safe and proper scientific method.

Harvey, as Dr. Acland remarked, is not only known by his laborious investigations and brilliant discoveries regarding the circulation of the blood and other physiological problems, but he is also familiarly known because writers quote him as a notable instance of a philosopher, who studied Nature under the conviction that everything in the Natural World is the result of Design; in other words, that every effect is intended, and has a purpose. It is this persuasion, says Whewell, quoted by Dr. Acland, “which directed the researches, and led to the discoveries of Harvey.”

Various writers, including the one just quoted, have alleged that the idea of Final Causes is essential as a guide in the progress of Biology; but a formidable phalanx of talented men, amongst whom are included Comte, Descartes, Kant, and our own countryman, Owen, may be arranged on the opposite side. Comte, indeed, goes further than most of these authors, and it is with reference chiefly to the opinions of this eminent French philosopher that Dr. Acland brings forward his arguments in favour of the doctrine of Final Causes.

Comte, in speaking of what he considers as the absurd tendency of some writers to commend the wisdom of Nature as shown in the structure of the eye, contends that the existence of the crystalline lens is bad in two ways:—1st. Because it is not indispensable for the purposes of vision; 2nd. Because, though not necessary for vision, it becomes in certain cases, owing to a diseased condition, capable of impeding vision altogether.

The first of these statements,—viz., that the crystalline lens is unnecessary, is admitted by Dr. Acland to be true; for, although we could not see as well without it, still we could see. The lens is not an essential part of an eye, abstractedly considered, and it does not therefore exist in every case where there is an eye; it is absent, for instance, in animals of low nervous organization.

The idea was suggested by Dr. Young, and has since been established as a fact by Cramer and Helmholtz, that the lens by alteration in form adjusts the eye to distinct vision at varying distances. Thus, as it is an acknowledged fact that some adjustment is physically necessary in the human eye, it follows, says Dr. Acland, that Comte's attack is at best relative, and not absolute. In answer to the other question raised by Comte, Dr. Acland replies that the argument is deprived of its force by the fact of the lens having been proved to be not useless, and

also that it is not more subject to disease than any other equally delicate structure. Dr. Acland further discusses the influence which a belief in Design had upon the mind of Harvey, and contrasts him in this respect with his contemporary, Lord Bacon.

We do not think that the orator was altogether judicious in his selection of the theme of his oration, notwithstanding the able and eloquent manner in which he dealt with the subject.

By bringing before such an audience the question of the idea of a Final Cause as necessary to the study of Science, he favoured the notion which, although erroneous, is held by many, that Science is antagonistic to Religion. Besides, although he shows that Harvey did believe in Final Causes, it is not so clearly established that, but for this belief, he would never have made the discoveries which have rendered his name illustrious. Indeed, the bare mention of the names of some of the eminent writers who hold a contrary opinion, is sufficient to prove the untenability of the argument that the idea of a Final Cause is an indispensable guide in Biology.

Recent discoveries show that Comte was wrong in the assumption that the crystalline lens is useless; but the advocates of the doctrine of Final Causes may sometimes be found faulty, when judged by the light of facts to which they had no access. Take, for instance, Paley, the philosopher and pluralist,—not that we would insinuate that there is any harm in good livings, in the possession of which Paley had more than the usual luck, of even his time. In the thirteenth chapter of his *Natural Theology*, which is commonly quoted as a text-book by the advocates of Final Causes, is a description of the *babyrroussa*, a species of wild hog found in the East Indies. "This animal," Paley says, "has two *bent* teeth, more than half a yard long, growing upwards, and (which is the singularity) from the upper jaw. These instruments are not wanted for offence, that service being provided for by two tusks issuing from the upper jaw, and resembling those of the common boar; nor does the animal use them for defence. They might seem, therefore, to be both a superfluity and an encumbrance. But observe the event" (triumphantly adds the theologian), "the animal sleeps standing; and, in order to support its head, hooks its upper tusks upon the branches of trees." In the edition of Paley's writings to which we refer for this passage, we find a note by the annotator to the effect that more accurate observations have proved that "in this trifling instance Paley was misled," as the animal is *not* in the habit of reposing in the way thus described. Alas for the fallibility of critics! Would the annotator have held so "trifling" an opinion of this error, had it been committed by a writer who was not an advocate of the doctrine of Final Causes?

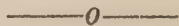
A Guide to the Treatment of Diseases of the Skin. By THOMAS HUNT, F.R.C.S., Surgeon to the Western Dispensary for Diseases of the Skin. Eighth Edition. Pp. 260. London. 1865.

It is almost a hacknied expression with reviewers that, when a work has reached a certain number of editions, the favourable reception which has been accorded to it takes it out of the hands of the critic. This certainly holds good as regards the work before us.

It bears evident marks, however, of revision and improvement, although the author's views remain unaltered. He still insists upon the fact of the constitutional origin of chronic skin diseases, the general inefficacy of local treatment, when resorted to alone, and the necessity of looking closely to the patient's health, and rectifying what is wrong before adopting any specific treatment. The remedies most commonly recommended by Mr. Hunt are, as we need scarcely inform our readers, various preparations of arsenic. He differs from most writers as to the manner in which arsenic should be administered, and advises that it should be begun in moderately full doses from the first, and subsequently reduced in quantity, instead of, as is usually directed, being given in smaller doses at first, and then gradually increased. He points out that in all the cases which have been recorded of sudden symptoms of poisoning, coming on after the administration of arsenic for some time, the remedy had been first given in relatively small, and afterwards in increased doses, and he believes that such effects would never occur, if it were administered in the manner which he recommends. Mr. Hunt considers that five minims of Fowler's solution three times a day, or fifteen minims of the liquor arsenici chloridi of the London Pharmacopœia are sufficient to begin with, the dose being reduced as occasion may require. Children above five years of age will bear nearly as large a dose as adults. Of course, the medical attendant must watch carefully for conjunctivitis, gastric disturbance, and other signs of the patient's having been brought under the influence of the remedy. In about ninety-eight per cent. of the cases treated by arsenic, a slight attack of conjunctivitis takes precedence of the more grave symptoms of the full dose of the arsenic having been reached.

Mr. Hunt holds all other remedies for skin diseases in low estimation, compared with arsenic, excepting cod-liver oil. This latter he has found an important adjunct to the treatment of many cutaneous affections, especially strumous sores, sycosis, upus, acne, prurigo, lichen, and eczema.

Two useful new chapters, one on ring-worm, and other diseases affecting the hairy scalp, and the other on diseases of the nails, have been added to the present edition, which is equal in value to its predecessors.

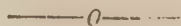


Outlines of Elementary Botany, for the Use of Students. By ALEXANDER SILVER, M.A., C.M., M.D., Assistant to the Professors of Materia Medica, and of Medical Jurisprudence in the University of Aberdeen. Pp. 381. 32mo. London. 1866.

WE have frequently been asked by students, and especially by those who are preparing for their examinations, to recommend some book which gives the science of botany in a concise and complete form, and we have hitherto been unable to indicate such a work as should entirely meet the requirements of the case. The larger works, of which we may enumerate those of the late Professor Lindley, Balfour, Bentley, and Henfrey, all possess great merits, but they all deal with the science as a whole in such a manner as to render it difficult for the over-worked student to spare the time requisite for acquiring a knowledge of their contents. Dr. Silver's little treatise will, in this respect, fill an acknowledged void, while he has succeeded in bringing into such limited compass all the principal facts relating to structural, physiological, and systematic botany, that it will be found acceptable to many persons besides students.

The book is divided into five parts. The first contains the morphology of plants, including descriptions of the root, stem, leaf, bud, flower, and other parts, with their modifications as observed in different plants. The second is devoted to vegetable histology, the chemistry, and physiology of plants. The third portion contains a short account of vegetable pathology. In the fourth, systematic botany is treated; some useful remarks are interspersed in this part, showing the reputed medicinal properties of the plants contained in the various natural orders. Geographical and geological botany, as points of considerable interest, although seldom touched upon by writers of botanical treatises, are included in the fifth part of the work.

Dr. Silver has even availed himself of the index as a means of imparting useful information, as he has considerably enhanced its value by giving the Latin and Greek origins of all the technical terms employed in botany.



On the Treatment of Affections of the Throat and Lungs by Inhalation. BY W. ABBOTTS SMITH, M.D., M.R.C.P. Lond., Physician to the Metropolitan Free Hospital, &c. Second Edition. Pp. 48, with illustrations. London: 1865.

IN this work, which is based upon a paper by this author which appeared in the second volume of the MEDICAL MIRROR, Dr. Smith gives a concise outline of the various modes in which inhalation may be found serviceable in the treatment of diseases of the respiratory organs, and a historical sketch of the subject from the earliest periods of medicine. Inhalation instead of being of modern origin, as many people suppose, has really been known and practised from remote ages. Galen, Ægineta, Haly Abbas, and other ancient authorities, quoted by Dr. Smith, recommended the fumes of various substances to be inhaled by persons suffering from catarrh, cough, and other pectoral affections.

At a more recent date, when the rapid advances made in chemical knowledge led to the discovery of oxygen and other gases, the practice of inhalation received a great impulse, and numerous attempts, were made to introduce this method into practice. An establishment, called the "Medical Pneumatic Institution" was founded towards the end of the last century, at Clifton, near Bristol, by Dr. Beddoes and Humphry Davy, who was then beginning his illustrious career. Capacious reservoirs were constructed for the reception of oxygen, carburetted hydrogen, and other gases, and patients flocked thither in numbers from all parts of the country. Various circumstances, amongst which were the over-sanguine ideas of the founders of the institution, and the costliness of the apparatus employed, eventually led to the abandonment of the project, but not before researches had been conducted, under the superintendence of Humphry Davy, on a sufficiently large scale to show that much benefit might be derived from the inhalation of some gases, especially of oxygen.

But little progress was made in inhalation from this time until a few years since, when Demarquay and Lecomte, of Paris, commenced a very extensive series of experiments with oxygen gas, both upon animals and human beings. The results have since been published, and the abstract of the reports presented by these observers to the Academy of Sciences of Paris (pp. 12 *et seq.* of Dr. Smith's work) proves beyond a doubt that oxygen, when inhaled, exercises considerable curative effects, not only in cases of affections of the lungs, but also in most affections, attended by an anæmic or chlorotic condition, in cases of debility, and in diseases which depress the system, such as, for in-

stance, diphtheria, diabetes, and the secondary and tertiary forms of syphilis.

Dr. Smith also describes the therapeutic action of various gases, and of a number of substances which, when reduced to the form of vapour, are useful adjuncts to other treatment in asthma, bronchitis, catarrh, and other diseases of the air passages.

Until a very recent period only such remedial substances could be used in inhalation as could be obtained in the gaseous form, or volatilised into vapour, but an ingenious discovery was made in 1858 by Dr. Sales-Girons, by means of which many remedial substances can be reduced to a state of minute subdivision, and then inhaled in fine spray. The instrument invented by Sales-Girons is so constructed that the medicated fluid is forced by the agency of compressed air through a tube having a minute opening; opposite the opening of the tube, and at a short distance from it, is placed a small metal plate, or button, against which the stream of fluid strikes, so as to become divided into fine spray (to which the term pulverised, or atomised, is applied), and in this form it can be inhaled by the patient.

The original apparatus of Sales-Girons has since been modified and improved. The most perfect atomiser at the present time is that of Siegle, in which steam is substituted for compressed air as the propelling power. Other modifications of Sales-Girons' inhaler are adapted for use when it would be inconvenient to employ Siegle's apparatus, or when it is requisite to apply the medicated spray to a limited extent of surface only. Wood-cuts of these, and of other kinds of inhaler, have been introduced into this edition.

The practice of inhalation has hitherto been much neglected by medical men, partly on account of its having been unfortunately used as a means of puffing certain persons, who promise more in advertisements than they can perform. When properly employed, it forms a valuable adjunct to other modes of treatment.

THE MONTH.

THE ARMY AND NAVY MEDICAL DEPARTMENT.

Considering the numerous members of our Profession whose interests are so deeply involved in the suggestions and recommendations which will, in all probability, soon issue from the Committee at present sitting in London, and knowing full well how seriously the matter has been discussed by the great body of medical men, more especially by those connected with the large schools of the metropolis and elsewhere, we make no apology for bringing this most important subject prominently to the notice of the readers of the *MEDICAL MIRROR*.

The condition of the medical officers in the navy is so deplorable, that it would be mere waste of time to enter into details; a complete reorganisation of the department for that service must be effected, and that with the least possible delay, for not only are no men accepting commissions in it, but the resignation of those already in it are refused—a state of affairs interfering considerably with the liberty of the subject, and which is, to say the least, disgraceful to a government like our own.

Happily with the army the case is not so bad. After all, very little is necessary to render the position of the Army Medical Officer attractive enough to influence the entrance of men of high-class qualification; but that little must be thoroughly and effectually carried out. There must be no quibbling about the meaning of words, no subterfuges about the Warrant saying this, and the Queen's Regulations saying that, and commanding officers saying just what they please.

We are confident that had the Warrant of 1858 been carried out in the true spirit of liberality with which it was framed, very little of that dissatisfaction which has rooted itself so deeply would have arisen, or at least it would have been confined to those few discontented spirits which unfortunately are found in all professions and services.

It appears from what has already transpired, that those highest in authority are not so much to blame for the nonfulfilment of the provisions contained in the Warrant of 1858. In ninety-nine cases out of a hundred reluctance or positive refusal to allow the various clauses of that document to come into beneficial effect has emanated from the immediate commanding officers, and if the current reports have a shadow of truth in them, the *animus* displayed by some gentlemen of this class when recently examined before the Committee was so marked,

as to cause considerable surprise, we were nearly saying amusement, to those members who were unaccustomed to the dictatorial arrogance of the *genus* "*homo militaris*," species "*commanding officers*."

It is not our duty nor our inclination at present to discuss all the various causes which have so completely changed the composition of the army during the last few years. We know from positive experience that the spread of education and competitive examinations have quite bridged over the narrow rivulet which existed some forty years ago between the social standing in civil life of the military officer and his so-called non-combatant *confrère*; in fact, we could now point out numerous examples of the superiority of the latter in this respect. We are quite certain, therefore, that what was received gratefully in 1858 will require considerable addition to make it acceptable in 1866.

What is the actual state of things at this moment? Government comes into the market offering an absurdly low price for an article (medical skill) which is in universal demand, and carries its own price wherever it goes. What is the natural result? Why, that the richest and most powerful nation in the world is fain to put up with medical attendants for its valuable and costly army who would have difficulty in obtaining employment in pauper establishments.

We should completely transgress the limits assigned to this article if we attempted to enter minutely into all the points which require earnest attention, and we must confine our remarks solely to those which are the chief causes of the prevailing discontent.

Few men enter a profession without the intention of rendering that profession subservient to their worldly advancement, and ours is certainly not one of those which many men enter upon as a labour of love. Let us look, therefore, how it fares with our military brother from a financial view of the question.

An assistant-surgeon on entering the army receives 10s. *per diem*; after five years he gets an increase of 1s. 6d. *per diem*; and, after completing ten years' full-pay service, his daily pay is 13s. This is the maximum pay of an assistant. Out of this, it must be remembered, that his uniform has to be got and kept up, and his mess-bill, monthly subscription, servant, &c., have to be paid. On being gazetted, the assistant-surgeon finds his name at the bottom of 600 others (600, indeed, is far below the mark, but we take that number to render the consideration of the matter more easy). He soon learns that the average number of promotions to the rank of surgeon has been about twenty-five annually for the last ten years, and a very trifling arithmetical calculation places before him the somewhat astounding

fact that he is likely to pass the whole of his service as an assistant-surgeon on the annual income of £240, with the pleasing prospect of retiring at the completion of twenty-five years full-pay service on the liberal pension of seven-tenths of 13s. per diem.

This almost dead lock in promotion has in great measure arisen from the enormous number of medical men who entered the service during the Crimean war, but it is also materially influenced by the almost interminable period that the senior officers can remain in the inspectorial ranks.

With a fair current of promotion and the certain prospect of a speedy increase upon receiving promotion, we see no reason for changing the present scale of pay for the assistants, whose greatest grievance is the length of time during which they must, under the present system, wait for a step upwards. Now, let us look at the surgeon, taking for example one who has recently been promoted. On getting his promotion his pay is 15s.; only 2s. a day more than he was previously drawing. He has had very nearly twelve years' service, so that we may safely put him down as at least thirty-four years of age. We leave it to the Profession whether a sum of about £264 per annum is a fair remuneration? Does any practitioner of respectability, after twelve years' steady work, only realise £250 a year? We sincerely hope not. This is one of the points where the shoe pinches very tightly indeed, and we are firmly convinced that nothing would give more general satisfaction than raising the pay of the surgeon on promotion to £1 a day. Of course this would necessitate a corresponding increase progressively throughout all the grades to that of Inspector-General. We cannot but think also that the pay of the Director-General should revert to its original amount. Considering the enormous amount of work and responsibility, and the extent of the Army Medical Department, £1,500 a year is a small salary for its Chief. So much for the full pay. Now comes the question of retirement—one of very great difficulty, for on it mainly depend all the prospects of a steady and equal promotion for all ranks.

It has been strongly urged, and we know that this point has been a matter of grave deliberation with the present Committee, that medical officers should be allowed to go after twenty or twenty-one years' service. But on what pension? Surely not on 16s. a day. Is it likely that many men after that period of service would retire on so paltry a sum? Indeed, we have before our eyes facts which prove most conclusively the improbability of any such thing. How many men retire now after twenty-five years' service? Only those few who are actually compelled to do so from ill-health, or other causes over which they have no control. We even exceed the mark when we

assert that not two per cent. of the medical officers who have completed twenty-five years' service retire voluntarily, for the simple reason that they cannot afford to do so. Men of about fifty years of age have for the most part to look to the education of their children and the expenses attendant thereon, and the loss of a few shillings daily is to them a very serious matter. If any one doubts this statement, we can point to a surgeon-major of thirty-three years' service who has no notion of retiring, although it appears to us that in this instance the limit of age must soon come into operation. Moreover, "hope springs eternal" in the surgeon-major's breast, and he easily flatters himself that no one is more specially endowed with administrative abilities than himself. So year after year he clings on, in the full belief that sooner or later his great talents must be recognised and rewarded by promotion to inspectorial rank.

In the Warrant of 1858. the limitation of the age of the members composing inspectorial ranks to sixty-five was thought to be sufficient to cause a perceptible number of vacancies to occur. This provision has utterly failed, for, as far as we can remember, not a single instance of retirement in consequence of age has yet occurred in the Department.

It is very clear that unless a constant circulation is going on in the upper branches of the Department, we can hope for no steady promotion. Supposing that we induce a few to go into the central ranks, it can only at best produce fitful and spasmodic runs, followed probably by long-continued and depressing rests.

In addition to the retirement at twenty years on £1 a day, which we do not deny would probably have its attractions for a certain class of men, we believe that nothing would cause more immediate beneficial results than the introduction of the rule that no medical officer, after having completed his twenty-five years' service on full pay, should be allowed to hold inspectorial rank for a longer period than five years.

It may appear a harsh case to compel a man to leave the service whilst still in the full possession of both mental and bodily vigour; but, after all, thirty years is a long period, and all injustice would be at once removed if these medical officers were put on exactly the same footing as the executive. Let the Inspector or Deputy-Inspector who has completed his thirty years' service, go before a Board, and if found still fit for active service, let him retire on the full pay of his rank, with the understanding that he is liable to be called upon again should there be any necessity for his services. Let a separate list of these officers be kept in the *Army List*, just as there is of general officers, and let promotion go on amongst these unemployed officers if vacancies occur amongst them, and let their names be kept perfectly distinct from the half-pay list.

We understand that the Committee are prepared to recommend several points, such as that the Department should be made purely military, that relative rank should carry its full value at mess, and on all occasions, excepting parades; that the position of the medical officers' names in the *Army List* should be changed, and the relative rank appended in brackets. These are doubtless all points of importance, but if the Committee should go no further than this they will fail woefully in getting to the bottom of the wound. The inadequate pay and the hopeless future are the two grand points, which, unless speedily remedied, will soon reduce the Army Medical Department to a mere rabble from the dregs of the Profession.

So far our remarks have been penned in the supposition that the official element was so strongly represented in the Committee, that no desire would be exhibited of sifting the subject to the very bottom, and that the facts would be overlooked that sooner or later all their recommendations and suggestions must be considered as mere stop-gaps, and be thrown aside in consequence of the establishment of the Medical Department on an entirely new footing; and that this change must come is rendered doubly probable, if it should be considered advisable to vote an increase of money for the Department.

It would be insulting the commercial intelligence of the House of Commons if it were supposed that, when the estimates come before them, no one would get up and ask the simple question, How is it that a garrison at home, and during peace, amounting, we will say, to 5,000 men, requires twelve medical officers, when a town of 40,000 inhabitants considers itself rather overwhelmed with twenty-five? Why this extravagant number of doctors? Up rises the Ministerial exponent, and in a calm and deliberate tone endeavours to explain that the regimental system, which has always been the saving of our army in the field, necessitates this apparent but not real surplus of medical officers.

An able leader appeared in the *Lancet* a fortnight ago on this very point, and we cordially endorse most of the opinions therein expressed. In that article special attention was directed to the absurdities at present being perpetrated at the Herbert Hospital, Woolwich. We wish we could say that that was the sole example of the baneful effects of the regimental system, but unfortunately in every large garrison in Great Britain and Ireland the same thing is going on. In fact, at one garrison which was visited a few months' since by Lord Grey, the principal medical officer was asked by the Minister if the hospital under his charge was a regimental one, the reply was in the negative. "Ah? I see, a general hospital," observed Lord Grey. "Not exactly, sir," was the reply. "No; what is it, then?" "I really do not

know; it is a general hospital as regards the kitchen and surgery, but a series of regimental hospitals so far as the doctors and patients are concerned," said the surgeon. Can anything be more ridiculous, or point to a more wanton waste of public money than such a state of things? Several surgeons, several assistants, several hospital sergeants, and numberless orderlies, all to do an amount of work which could be infinitely more efficiently and satisfactorily performed by half the number.

The abandonment of the regimental system, and the formation of the medical officers of the army into a distinct and separate corps, appear to us to solve many of the difficulties which must have pressed heavily on the minds of the members of the Committee. Netley would at once most appropriately become the head quarters; if necessary, the accommodation there for officers could be extended to any requisite amount. Its admirable staff of professors would have a more extended field over which to spread their usefulness; and the arrangements of the mess, &c., which already promise, thanks to the fostering care of Sir James B. Gibson, and the unwearied attention of the authorities stationed at Netley to hold their own against similar military establishments, would become permanently endowed with ample funds.

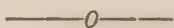
We know that this wholesale destruction of the regimental system would be violently opposed by a very large number of medical officers. We can quite enter into their feelings on the subject. "I was eleven years assistant in my regiment, and I hope to be fifteen years more in it," says one surgeon. "I gave £700 for my regiment," says a cavalry surgeon, "who is to repay me that, or must I lose it?" "I have been at an enormous expense in getting my Horse Artillery outfit," says another *medico*. "Is that to go into Magnum's pocket?" No, gentlemen, we hope not. The introduction of this system would cause many sacrifices to be made by the medical officer, but it should be so commenced as to avoid inflicting too much. Let all those officers at present holding regimental appointments continue as they are till promotion, ill-health, or some other cause, removes them, and from a certain date, say April, 1868, let no further regimental appointments be gazetted. Of course, with the junior assistants the staff system might come into operation at once.

The more thoroughly we examine this matter, the more decided we become as to its expediency, and we rest assured that every medical officer who will look dispassionately on the subject, and solely regards the welfare of the Department as a body, and its duties to the public, must be convinced that no other plan could be adopted so likely to be attended with satisfactory results to all parties concerned.

Of course the details of such a system would require most careful consideration and adjustment. One most important point, as far as Government is concerned, would soon be ascertained, and that is, that the money saved by this re-organisation would amply cover all the increase of pay and pension which has been advocated in the earlier part of this article.

One word as to the constitution of the Committee now sitting. We would have preferred to have seen a larger proportion of the professional element in it; and surely some member of each Department might have been found whose practical acquaintance with the subject, and whose integrity of principle, might have been urged in favour of his presence. We trust we shall be clearly understood that we do not make this remark to the disparagement of the presence of the two Director-Generals, both of whom we know to be too strongly attached to their Department, and too earnestly devoted to their duty, to allow of any possible misrepresentations, or to leave any vital points undiscussed.

The President of the College of Surgeons cannot, however, be excused for his culpable want of tact, to use no stronger term, in having nominated to the Committee, as the representative of the College, a gentleman who holds a peculiar relation to the Service, in his capacity of one of the examiners at the Army Medical Examining Board; but we trust that the well-known character and abilities of Mr. Busk will enable him to escape triumphantly from the difficulties of the trying position in which he has been thoughtlessly so placed.



MONTHLY SUMMARY.

The interest which has been excited during the past month by Mr. Ferguson's elevation to a baronetcy is equalled only by that which was shown some few years since when it was rumoured that the honour of a peerage had been offered to Sir Benjamin Brodie. As a rule, half a dozen persons may be made knights, baronets, or even peers, with scarce a passing remark upon the circumstance; but, when an honour of this kind is conferred upon a member of our profession, the matter at once becomes the theme of general comment. The daily and weekly journals have lately teemed with articles and paragraphs bearing upon the new baronet. And, what does all this show? To our mind, two things: first, that titles are too sparingly bestowed upon members of the medical profession; and second, that the public, and the exponent of their feelings and opinions, the Press, are not slow in giving evidence of their sense of this neglect of a profession, which includes within its ranks a large

body of gentlemen and men of science, whose claims to State distinction wholly throw in the shade any feeble apologies which can be made for advancing to high rank men, who have only been distinguished by having fortunately inherited large landed estates, by being successful money-lenders, or by servile obedience to the Ministry. It is now no less than thirty-one years since the last baronetcy was bestowed on a London surgeon—viz., Sir Benjamin Brodie. A reference to an interesting little work by Dr. Maysmor, "Medical Baronetage and Knightage," will suffice to prove the correctness of our remarks as to the infrequency with which such distinctions are conferred upon medical men.

The country Fellows of the College of Surgeons have been disappointed in their efforts to obtain the privilege of voting by means of proxy papers at the annual election of members of the Council, the only response to the numerously-signed petitions which have been recently presented being to the effect that at present the Council does not consider that enough interest has been shown in the question to warrant the College in going to the expense of a new charter. But, setting this matter aside, although the cost of a charter really forms an insignificant objection, are the several grievances alleged against the College management sufficient to demand a modified charter, or not? Echo, if the question were asked aloud in Lincoln's Inn Fields, would probably reply by merely repeating the word "Not!" But we think that the united voice of the Fellows and Members of the College would give a very different answer.

The College Calendar, which has just been published, states that during the collegiate year there have been sixteen meetings of the Council, and fifty-four of the Court of Examiners. During the same period seventeen members have passed the examination for the Fellowship, and three have failed to satisfy the Examiners; for the primary examination for the membership 366 have passed, and 131 were rejected; for the Pass Examination 402 successfully underwent the ordeal, while sixty were unsuccessful. The Midwifery Board have had three meetings, at which forty-two candidates were examined, and thirty-nine passed. For the licence in Dental Surgery four candidates only presented themselves, of whom two passed. The oldest member of the Council and Court is Mr. Lawrence, whose diploma bears date Sept. 6th, 1805. The oldest officer of the College is Mr. T. M. Stone, who has been connected with the institution for thirty-three years. Three members of the Court of Examiners have filled the chair of President twice—viz., Messrs. Lawrence, South, and Luke. The receipts of the College during the year amounted to £11,634 4s. 8d., of which the fees from candidates for the membership furnished £8,896 10s.

Our readers will be glad to learn that the name of Abercrombie, the M.R.C.S. who figured so disgracefully in the Strand Museum trial, has been removed by the Council from the list of members of the College. It is to be hoped that other men, who have brought a similar stain upon an honourable profession, will soon find themselves in the same category with this delinquent.

Unfortunately, to carry out the maxim, "better that one hundred guilty persons should escape, than that one innocent man should suffer," the law makes so many delays that justice rarely comes "swift handed" to transgressors. In medical matters, this is especially the case, owing to the circumstance that the Medical Council meets only at wide intervals. There is some hope of the defect being remedied by more stringent legislation. Dr. Burrows, the President of the Medical Council, and Dr. Francis Hawkins, the Registrar, have lately had an interview with Sir George Grey, at the Home Office, relative to the proposed amendment of the Medical Act of 1858. This interview was in consequence of the resolution passed at the last meeting of the Council, when it was strongly insisted upon that, for the protection of the public, quite as much as for that of the profession, it was necessary that some further legislative enactment should be passed, providing for the better discrimination of duly-qualified practitioners from the scoundrels who, by means of foreign diplomas, false promises, and foul deeds, contrive to rob the pockets and damage the constitutions of credulous and unsuspecting people to a very alarming extent.

While we record the official advances which are made towards the improvement of the status of the profession, we must not omit to note the exertions, in this respect, of our brethren living on the other side of St. George's Channel. In consequence of a numerously signed requisition, comprising the names of nearly all the leading physicians and surgeons in Ireland, Dr. Mackesy, the President of the Irish Medical Association, has summoned a meeting of the members of the Association and of the profession in Ireland, to be held at the Limerick Junction. The report of the proceedings of the meeting, which was called for December 28th, has not yet reached us. The object in view was to take into consideration the present position of the profession in the various public services, as well as the laws respecting the sanitary condition of the country. Is there not a British Medical Association? Are not its members equally anxious with those of its Irish namesake for reform?

We referred in our last number to the discomfiture of the homœopaths who rashly undertook to triumphantly demonstrate the curability of cattle-plague by homœopathic treatment. They now endeavour to hide their confusion by the suggestion

that the cattle in Holland, *said* to have been cured homœopathically, were of a different constitution to English cows. Such arguments are absurd ; and taking an example from their doses, there seems hardly a billionth of a grain of sense in their explanation of their failure. By the way, we must not omit to mention that close pathological observation has lately led to the conclusion that rinderpest is allied in its character to small-pox, not to typhus fever, as was at first supposed.

The various medical societies have shown much animation during the past month. At the oldest in the metropolis, the Medical Society of London, a paper has been read by Mr. Lane, giving the results of a number of cases in which syphilisation had been practised at the Lock hospital. Not much can be said, until further experience has been brought to bear upon the subject, concerning the merits or demerits of this operation. Dr. Althaus, at a previous meeting, read a valuable paper on "Progressive Locomotor Ataxy, or Wasting of the Posterior Columns of the Spinal Cord.*" The President of the Medical Society of London, Mr. Baker Brown, gave a *soirée* on the 13th of last month, at the Hanover-square Rooms. Everything passed off very satisfactorily and agreeably, as would, of course, be expected from the popularity of the President, and the circumstance that ladies were invited, and graced the assembly in considerable number.

At a meeting of the Medico-Chirurgical Society, on Dec. 12th, Dr. Waters communicated "Some Observations on the Morbid Anatomy and Early Physical signs of Pneumonia," The conclusions arrived at by Dr. Waters are—that pneumonia consists of an inflammation of the walls of the air sacs of the lung ; that the blood-vessels involved in pneumonia are the branches of the pulmonary artery, which constitute the pulmonary plexus ; that engorgement is not the first change that takes place in pneumonia, but that (as stated also by Dr. Stokes) there is a prior stage, characterised by a dryness of the pulmonary membrane, and probably intense arterial injection ; and that a dry, harsh, loud, respiratory murmur precedes the crepitating râle. A paper by Dr. McGraith, senior surgeon to the Smyrna and Aidin Railroad, was also read. It detailed some interesting particulars of the results obtained by the hypodermic injection of quinine, in three and a-half grain doses, in the treatment of malarious diseases, which abound amongst the workmen. Losing sight of the important character of the facts communicated, the speakers who took part in the discussion seemed more disposed to criticise the language of the paper, than the practical lesson which it conveyed. This is hardly fair usage towards an absentee, besides which there was plenty of room for finding

* This will appear in our February Number.

fault with those who were present, judging by the mistake made by one Fellow, who evidently confounded Aidin with Aden. "Those who live in glass houses should not throw stones."

In a paper read at a meeting of the Association of Medical Officers of Health, on the 16th ult., Dr. Richardson brought forward some new views, which bid fair to explode certain current theories respecting the causation of epidemic diseases. In fact, as the President of the Association, Dr. Druitt stated, "our old friend, zymosis, is in danger;" in such danger, indeed, that we think before many years have passed it will be consigned to the limbo of ingenious but untenable hypothesis. Medical men, wearied with long disputation and useless conjecture, accepted with avidity the doctrine taught by Liebig, who ascribed the phenomena which follows the introduction of peculiar animal poisons into the blood, to a process corresponding with that of fermentation. To this alleged fermentative process the term zymosis was applied, and from it a large class of diseases, the zymotic affections, derive their distinctive name. Still, Liebig's theory was not altogether new, for the ancient writers on medicine attributed numerous disorders to fermentation of the animal fluids. We must, however, revert to Dr. Richardson's interesting paper. He advanced the view that all epidemic poisons are the natural secretions of the body undergoing a modified condition, by which they are rendered poisonous; and that the secretions are rendered poisonous by two processes, viz. —1. By contact of pre-existing animal poisons with the healthy secretions; and 2. By decomposition of the secretion under the direct influences of atmospheric changes. These poisons absorbed into the blood, are carried in extreme subdivision to all parts of the body, and evolved by every secretion; showing, however, an elective affinity for special secretions, in which they set up the same series of changes that led to their own development. The poison becomes increased in quantity, the secretion is rendered more profuse, and it may follow that by the profuseness of the secretion set up, the whole of the poisonous matter is thrown off; or that by the ingoing current which passes from all secreting surfaces, the poisonous matter is absorbed in large proportions, and the blood-poisoning being greatly in excess of the eliminating process, the patient succumbs to the disease. Dr. Richardson considers that the specific poisons are of the nature of animal alkaloids diffused through the affected secretion. He believes that every secretion has an organic base, and that this base modified is the poison. These alkaloids, he says, hold the same relation to the secretions in which they are distributed as the vegetable alkaloids bear to the juices of the plants in which they are carried. At any rate he has been able to slowly reduce pyæmia poison to the state

of an extract or powder, and to separate what seems to be the active principle. Further researches will, Dr. Richardson is convinced, lead to the discovery and isolation of the specific poison of all the now so-called zymotic diseases. Should this be the case, and every opinion coming from Dr. Richardson is stamped with the value of authority, a new light will be thrown upon the history of epidemic affections, whether as regards their etiology, treatment, or prevention. The paper will be published in the *Social Science Review* for January, and we advise our readers to avail themselves of the opportunity for becoming fully acquainted with Dr. Richardson's views on the subject.

We must remind our readers who take an interest in the obstetrical branch of the profession, that it is intended to hold a *soirée* of the Obstetrical Society of London in March, for the purpose of exhibiting instruments and appliances used in midwifery, and collateral branches of practice. Intending exhibitors should give an early notice to the honorary secretaries.

In two recent actions brought for damages sustained by railway accidents, consultations were held between the medical men representing both sides, and the consequence was that, instead of the usual unseemly scene of conflicting medical evidence, owing to want of previous knowledge of the case in all its bearings, the professional witnesses were unanimous. In one case, the joint certificate of the medical examiners was read by the plaintiff's counsel, in open court, and the counsel retained for the company commented very favourably upon the course pursued. His remark, which is worthy of record, was that, "The medical men on both sides had with candour and honesty made a report on the case, and it was to be regretted that it was not more generally adopted in cases of this kind." We hope to see this new system grow into fashion.

The subject of better remuneration to medical witnesses was touched upon in a late presentment of a grand jury, at Manchester, to Mr. Baron Bramwell; and that judge, in reply, expressed his full concurrence with the grand jury, and promised to bring the question under the notice of the Home Secretary.

The case of *Spencer Wells v. Clay*, for an alleged libel upon the former, contained in a paper written by Dr. Clay, of Manchester, in the *Lancet*, has been terminated by a written apology made by the defendant. A *quasi*-medical law suit is threatened by Hunter, whom our medical contemporaries persist in dubbing "Dr.," against the *Pall Mall Gazette*, in consequence of some remarks made in that Journal in connection with Hunter's trial for rape.

A pleasing piece of information has reached us from Cambridge—viz., that the Board of Guardians at that place have unanimously agreed to raise the salaries of the district medical

officers. There is little doubt but that a general increase would take place throughout the country, if union medical officers held well together, and more liberally supported Mr. Griffin in his arduous efforts on their behalf.

To the list of medical mayors, given in our last number, must be added the name of Dr. G. Yates Hunter, who has been for the third time elected Mayor of Margate. A new medical coroner, Mr. W. H. Bennett, M.R.C.S., has lately been elected for the Shaftesbury Division of Dorsetshire. Dr. Price, a well-known local practitioner, has issued an address in the liberal interest to the electors of the borough of Brecon, but it is doubtful whether he will contest the vacant parliamentary seat. If he should, we heartily wish him success.

EDINBURGH OBSTETRICAL SOCIETY.—Professor Simpson has been elected President of this society.

EDINBURGH COLLEGE OF SURGEONS.—Dr. Dunsmure has been elected President of the Edinburgh College of Surgeons.

TRICHINA DISEASE.—The trichina disease continues its ravages at Hadersleben, Prussia. Several persons who had partially recovered have had a relapse, and have died suddenly of pulmonary paralysis. The deaths from this disease at Hadersleben and its environs now amount to sixty-five. In the workmen's barracks, out of twenty-seven patients, twenty-four died. Physicians have arrived from all quarters to study this new and terrible distemper.

THE ULSTER MEDICAL SOCIETY.—The anniversary dinner of this influential provincial society of medical practitioners took place on Dec. 7th, at Thompson's Rooms, Donegall place, Belfast. A very pleasant evening was passed, and the usual loyal and other toasts given.

AMERICAN HOSPITALS.—The number of sick and wounded in the United States hospitals throughout the country is less than 5,000. Eight months since there were over 100,000 patients.

PRESTON NEW INFIRMARY.—The design for this building, as prepared by Mr. Hibbert, has been accepted by the committee. The number of beds in the western pavilion will be sixty-eight, the floor space averaging 110 feet each bed, and the cubic space nearly 1,900 feet. The cost is estimated at £8,000. The plans contemplate the erection of an eastern pavilion at some future time.

STATISTICS OF THE PROFESSION IN PARIS.—There are in the French capital 1,848 doctors of medicine, 375 medical men of the second grade, and 740 midwives. Among these, 340 are members of the Legion of Honour, ninety-four are officers of the same legion, twenty-six commanders, one grand officer, and one grand cross. There is about one medical man for 800 inhabitants, reckoning the population at 1,800,000, and taking the whole of the department of the Seine, which includes 2,223 professional men.

ROYAL HUMANE SOCIETY.—The bronze medallion of the society has been awarded to Mr. W. N. Manley, assistant-surgeon, R.A., for saving Bombardier Malden, R.A., who fell from the steamer *Favourite* into the Waitotara River, New Zealand, on July 21st last.

TESTIMONIAL TO DR. PATERSON.—Dr. James Paterson, of Glasgow, has been presented with a testimonial, subscribed for by a large number of citizens, as a mark of respect for, and sympathy with him in the difficult

position in which he was placed in connection with Dr. Pritchard's trial. The testimonial consisted of a purse, containing 200 guineas, and a handsome silver salver bearing a suitable inscription.

SURGICAL BARONETS.—The following are the baronets, only five in number, who have been on the Council of the College of Surgeons since its incorporation in 1800—viz., Sir Everard Home, who filled the office of Master and President in the years 1813 and 1821; Sir David Dundas, who filled the same office in 1819; Sir Astley Paston Cooper in 1827 and 1836; Sir Benjamin Collins Brodie in 1844; and the recently-appointed Sir William Fergusson. Sir Stephen Love Hammick still graces the list of Fellows of the College. Amongst the knights who have filled the office of Master and President of the College appear Sir Charles Blicke in 1803 and 1810; Sir James Earle in 1807 and 1817; Sir William Blizard in 1814 and 1822; Sir Anthony Carlisle in 1828 and 1837. There have been many other knights on the list of fellows and members of the College, some of whom are still living, as Sir Rutherford Alcock, Sir W. J. Clement, Sir Henry Cooper. Amongst the deceased knights may be mentioned Sir Ludford Harvey, Sir Patrick M'Grigor, Sir John Webb, Sir Charles Bell, Sir James Eyre. There was also Sir Charles Aldis, who, however, had his name struck off the list for the surreptitious manner in which he obtained the honour. Sir Philip Crampton and Sir Henry Marsh both received the honour of baronetcy as distinguished representatives of the profession; and Sir William Wilde has received the honour of knighthood.

ANDERSONIAN MEDICAL SOCIETY, GLASGOW.—The following gentlemen have been elected office-bearers for session 1865-6:—President: Dr. J. G. Wilson. Vice-President: Mr. Samuel Woodcock. Secretaries: Messrs. W. Dove Macfarlane and Robert Colquhoun. Treasurer: Mr. W. Easby. Librarians: Messrs. A. C. Moffat and J. H. Hill. Auditors: Messrs. James Robinson and J. T. D. Hughes.

CHOLERA.—The Viceroy of Egypt has established at Suez a large hospital for the benefit of the Mecca pilgrims. A Turkish Commission has been sent to Mecca and Medina to study the causes of the transmission of the cholera.

GREAT DISCOVERERS.—It is rather a satire on humanity at large, that the two joint discoverers of ether, Drs. Morton and Wells, suffered from want. Dr. Morton has made himself nearly a beggar by his labours; and Dr. Wells, the dentist, not only spent much time and money on his pet theory, but made so many experiments by inhaling both ether and chloroform that his mind became seriously affected. He came to New York, and degenerated into the vitriol man; that terrible haunter, who was wont to station himself at dusk in some gloomy corner of a public thoroughfare and throw nitric acid on the elegant shawls and silk dresses of the passers by. Of course, he was at last discovered and arrested. Lodged in a cell, he gave way to remorse and despondency; severed the left femoral artery with such force that he cut through the adjacent muscles down to the bone; inhaled his beloved anæsthetic, and was found dead, with a red handkerchief thrown over his face.—*Phil. Med. Reporter.*

MALGAIGNE'S SUCCESSOR.—The death of this eminent surgeon has given rise to a change among the professors of the Paris faculty. M. Denonvilliers, who occupied the Chair of Surgery, succeeds Malgaigne as professor of operations and the management of surgical apparatus; and the Chair of Surgery has been given to M. Richet, well known for the last twenty years as an excellent scientific and practical surgeon.

APOTHECARIES' HALL.—Examinations in Arts will be held on January 26th and 27th, April 27th and 28th, and September 28th and 29th in the present year. The subjects will be the same as before—viz., I. English History and the English Language. II. Mathematics and Natural Philosophy. III. The Latin Language. IV. The Greek Language. V. Logic.

Students will have the option of being examined on Subjects IV. and V. ; but if they do, and exhibit proficiency in all five branches, they will receive certificates of special proficiency.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—At the quarterly court of the Governor of Addenbrooke's Hospital, held on Monday last, Dr. Paget brought before the meeting several cases of abuse of the charity, where persons whose circumstances were such as to enable them to become subscribers and who had actually recommended themselves, had become patients for several months. Dr. Humphry advocated persons who were not able to pay heavy fees, but who were willing and in a condition to pay small sums, being admitted as patients, and had in fact recommended it in several cases. The weekly board were empowered to investigate and report upon the subject. The new hospital is fast approaching completion ; the upper wards are occupied.

UNIVERSITY OF EDINBURGH.—The annual meeting of the Association for the better endowment of the University of Edinburgh was held. A report was read which proposed that, of the sum of £1,936 available for the purposes of the association, £1,800 should be applied towards the "Hamilton Philosophical Fellowship," for which £700 had been otherwise raised, making in all an endowment of £2,500. It was also proposed that the association should temporarily institute a classical fellowship of the value of £100 *per annum*, to be held for three years, and to be paid out of their annual revenues. The report (which was unanimously approved) also showed that within the last four years about £40,000 had been added to the endowments of the University by the foundation of fellowships and scholarships.

CAPITAL PUNISHMENT.—The Royal Commission on Capital Punishments has just made its report. The Commissioners recommend that the extreme sentence of the law should be inflicted on persons guilty of treason, murder committed with express and evidently shown malice aforethought, and murder committed in connection with the perpetration of other great crimes ; that for cases of murder where the malice is more matter of construction than fact, the capital sentence be not inflicted : that the law on child murder be better defined ; and, finally, that executions be carried out in private, with, of course, due precautions for the satisfaction of the public that the punishment has been inflicted.

ANTHROPOLOGICAL SOCIETY.—From a report given at the annual meeting it appears that 210 members have been elected to this Society during the past year. The total numbers of members is 660.

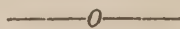
CONGRESS OF BOTANISTS.—We understand that a grand congress of European botanists is soon to be held in London, under the presidency of the veteran De Candolle, and that the Lord Mayor is to give a special dinner upon the occasion.

UNIVERSITY OF CAMBRIDGE.—The Vice-Chancellor has given notice that there will be a congregation on Thursday, February 8th, 1866, at two o'clock. The grace proposing the establishment of the Professorship of Comparative Anatomy and Zoology (having received the sanction of the Council), will then be offered to the Senate.

CHOLERA.—The total number of deaths from cholera in Paris from its first outbreak to November 30th was 6,077. The cholera lately appeared in Raon l'Etape, a chief town in the Vosges—population about 4,000—and carried off sixteen or eighteen persons in three days. This part of France had never before been visited by the malady.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—The annual general meeting of this society will be held at 32 Soho square, on January 8th, 1866 (instead of January the 1st), at eight o'clock p.m., for the purpose of electing the officers and council for the ensuing year. Some alterations in the bye-laws will also be proposed by the council.

AN IMPOSTURE.—Dr. Attfield, at the Pharmaceutical Society, mentioned lately a gross case of imposture. He had had forwarded to him a white powder imported from France, and sold here as *solid cod-liver oil*. On examination, it proved to be nothing more than sugar of milk, barely flavoured with cod-liver oil.



PASS-LISTS.

UNIVERSITY OF LONDON.—The following^s is a list of candidates who passed the late examination for the degree of M.D.:—Buszard, Frank, Guy's Hospital; Dale, William, Leeds, and Middlesex Hospital; Fairbank, Thomas, St. Bartholomew's Hospital; Gee, Samuel Jones, University College; Gibson, Francis William, B.A., University College; Harries, Gwynne Henry, King's College; Kingston, Charles Albert, B.Sc. St. Bartholomew's Hospital; Holland, Edmund, University College; Jeaffreson, Horace, St. Bartholomew's Hospital; Kempthorne, Henry Law (gold medal), King's College; Merton, Thomas, King's College; Richards, Walter, University College; Smith, Eustace, University College; Taaffe, R. Patrick Burke, M.S., F.R.C.S., St. Bartholomew's Hospital; Woodhouse Thomas, James, St. Thomas's Hospital.—SECOND M.B. EXAMINATION, The following is a list of the successful candidates at this examination:—*First Division*.—Allan, Bryan Holme, University College; Bond, Thomas, King's College; Bruce, Alexander, University College; Deas, Peter Maury, University of Edinburgh; Grabham, George Walkington, St. Thomas's Hospital; Greaves, Charles Augustus, St. Thomas's Hospital; Green, Thomas Henry, University College; Lush, William George Vawdry, St. Bartholomew's Hospital; Mickley, Arthur George, Guy's Hospital; Oliver, George, University College; Powell, Richard Douglas, University College; Powles, Revett Coleridge, King's College; Richards, Frederick William, St. Bartholomew's Hospital; Savage, George Henry, Guy's Hospital; Smith, Charles, Guy's Hospital; Snow, William Vicary, University College; Tayler, Francis Thomas, B.A., Guy's Hospital; Trimer, Henry, King's College; Turner, Ebenezer Fulham, Guy's Hospital.—*Second Division*.—Glynn, Thomas Robinson, St. Bartholomew's Hospital; Harvey, Walter Anstice, St. Bartholomew's Hospital; Lee, Frederick Fawson, St. George's Hospital; Maclure, Duncan Maclachlan, Westminster Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—*The Fellowship*.—The following Members of the College having undergone the necessary examinations were admitted to the Fellowship on December 14th:—Beli, James Vincent, M.D., L.R.C.P., Rochester; James, John, Princes street, Leicester square; Lanchester, Henry Thomas, M.D., Croydon; Ludlow, Ebenezer, M.B., Royal Infirmary, Bristol; MacDougal, Alexander Mason, L.R.C.P., Bernard street, Russell square; Mason, Robert, Woolwich; Moreton, James, Tarvin, near Chester; Schröder, Henry Sacheverel Edward, Army; Smith William Johnson, Wisbeach; Williams, Joseph, Brentford.—*The Licence in Midwifery*.—The following gentlemen passed the examination for the Licence in Midwifery, and were admitted Licentiates on December 6th:—Barraclough, Robert Wooding Sutton, Streatham hill; Bryant, John Henry, Sussex square; Burge, Frederick John, L.R.C.P., Hanmer-smith; Davies, John, L.R.C.P., Leominster; Earl, Robert Charles, Paignton, Devon; Freeman, Samuel George, Bolton row, Mayfair; Jackson, Andrew Christopher, Cape Town; Leigh, Thomas, L.R.C.P., Chiswick; Loane, John, Dock street, Whitechapel; Weekes, Henry Brompton, Kent.

APOTHECARIES' HALL.—The following gentlemen, having passed their examination, were admitted Licentiates on the following dates, December 7th:—Davies, John, Wrexham; Denne, Henry, Sandwich, Kent; Prince,

John, Staines ; Simpson, Reginald Palgrave, Torrington street ; Tindall, Alexander McFoor, Falsgrave, Scarborough. On the same day the following passed their first examination :—Anderson, Robert, and King, Edmund Cuthbert, of St. George's Hospital ; Melhado, Alfred C. B., and Williams, William Edwin, of St. Bartholomew's Hospital ; Cornish, Edgcumbe, University College ; Owens, Edward Matthew, Guy's Hospital ; Smith, Samuel Hignett, King's College. Dec. 14th :—Bobart, William Mathew's, Derby ; Cooke, George Richard, South Belgravia, S.W. ; Davies, Nathaniel Edward, Llanwrst, North Wales ; Edwards, Joshua Price, Tunstall, Staffordshire ; Humphreys, John, Cheltenham Dispensary ; Perkins, John Shirley Steele, Exeter ; Philpot, Charles William, King's College ; Wright, John Harrington, Woolwich. On the same day the following gentlemen passed their first examination :—Adcock, Charles, Queen's College, Birmingham ; Stanger, William, Guy's Hospital ; Willcox, Robert Lewis, King's College. Dec. 21st :—Barraclough, Robert Wooding Sutton, Streatham hill, Brixton ; Broughton, Robert David, Ryton Eleven Towns ; Folliott, James, Egerton villas, Douglas road, N. ; Hembrough, John William, Waltham, Grimsby ; Manby, Frederick Edward, East Rudham, Norfolk ; Smith, Samuel Hignett, Weavenham, Cheshire ; Spencer, George Owthwaite, Horbury terrace, Notting hill ; Wells, George, Fairfield villas, Bow road. On the same day the following passed their first examination :—Glaister, Henry Burrill, Royal Infirmary, Liverpool ; Meadows, Charles John Walford, Guy's Hospital. Dec. 28th :—Patten, Charles Arthur, St. Bartholomew's Hospital ; Watts, Alfred Bullock, University College. First examination :—Smith, Robert Harman, St. Andrew's road.

VACANCIES.

NORTH WALES COUNTIES LUNATIC ASYLUM, DENBIGH.—For an Assistant Medical Officer. Salary, £60 per annum, with board, lodging, and washing. Applications and testimonials to be forwarded under cover to the Clerk to the Visitors, addressed to the Chairman of the Visiting Committee, before January 10th.

WHITEHAVEN AND WEST CUMBERLAND INFIRMARY.—For a House Surgeon. Salary, £100 per annum, with rooms, attendance, firing, and gas. Applications to be made on or before January 6th ; Election on January 27th.

ANDERSON'S UNIVERSITY, GLASGOW.—For a Professor of Medicine, *vice* Dr. Cowan, who has been elected to the Chair of Materia Medica. Applications to be forwarded before January 27th.

SHEFFIELD GENERAL INFIRMARY.—For a second Assistant House Surgeon. Salary, £65 per annum, with board, lodging, and washing. Applications to be sent on or before January 9th.

LEOMINSTER UNION.—For a Medical Officer to the Workhouse, and No. 1 district of the Union, containing a population of 10,740, and an acreage of 37,810 acres. Salary, £200 per annum, inclusive of all extra fees, excepting Vaccination fees. The Medical Officer must reside in Leominster, and is precluded from practising on his own account. Applications to be sent before January 12th ; Election on January 16th.

UNIVERSITY COLLEGE, LONDON.—For a Lecturer on Mental Diseases. Applications to be sent before January 15th.

APPOINTMENTS.

ALLEN, C., L.R.C.P.—Medical Officer for the Western District of the Durham Union.

ANDERSON, C. J., L.R.C.S.I.—Medical Officer to the Kilkell Union Workhouse, Co. Down.

- ATKINSON, J., M.R.C.S.—Surgeon to the London and North-Western Railway Company's Works at Crewe.
- BROWN, G. A., M.R.C.S.—House Surgeon to the Sheffield General Infirmary.
- BROWNING, G., M.R.C.S.—Certifying Factory Surgeon for the District of Oughtibridge, near Sheffield.
- BRUSHFIELD, T. N., M.D.—Medical Superintendent of the Surrey Additional Lunatic Asylum at Brookwood, near Woking.
- CLAYWORTH, C. C., Esq.—House Surgeon to the Lincoln General Dispensary.
- COBBETT, R. N., M.R.C.S.—Medical Officer for the Southgate District of the Edmonton Union.
- COCKS, C. C., M.D.—Medical Officer for the Sollershope District of the Ross Union.
- COWAN, J. B., M.D., Professor of Materia Medica, Glasgow University.
- CRANKE, J., M.R.C.S.—Inspector of Factories for Lonsdale and Curtmel, Yorkshire.
- CRESSWELL, J., M.R.C.S.—Medical Officer for the Winchmore Hill District of the Edmonton Union.
- DANIEL, W., M.R.C.S.—Medical Officer for the No. 2 District of the Wareham Union.
- DAVIES, J., Esq.—House Surgeon to the Flintshire Dispensary, Holywell.
- DILLON, P. W., M.D.—Medical Officer for the Carrighaholt District of the Kilrush Union.
- DUDFIELD, T. O., M.D.—Surgeon to the Kensington Dispensary.
- EVANS, C., M.D.—Pathological Registrar to King's Hospital, and Curator of the Anatomical Museum.
- GOLDSMITH, G. P., M.R.C.S.—Medical Officer for the Bedford and Cardington District of the Bedford Union.
- GOSS, T. B., Esq.—Surgeon to the Bath Western Dispensary.
- GROVE, W. R., M.D.—Medical Officer for the St. Ives District and Workhouse of the St. Ives Union.
- HALLOWES, P. B., F.R.C.S.—Consulting Surgeon to the Kent and Canterbury Hospital.
- HINGSTON, J. T., M.R.C.S.—House Surgeon to the Northampton General Lunatic Asylum.
- HOARE, W. P., M.R.C.S.—Medical Officer for No. 1 District of the Dartford Union.
- HUTCHINSON, Jonathan, F.R.C.S.—Surgeon to the Hospital for Diseases of the Skin.
- HUTCHINSON, T. S., M.R.C.S.—Medical Officer for No. 3 District of the Hollingbourn Union.
- IRVINE, H., L.R.C.S.—Medical Officer for the Irvinestown District of the Irvinestown Union.
- JONES, J. T., M.R.C.S.—Medical Officer for the Eckington District of the Chesterfield Union.
- MCALLISTER, J., L.F.P. and S.G.—Examiner of Recruits for the District of Kilmarnock.
- MARSHALL, A., M.D.—Medical Inspector of Army Recruits for the District of Kilmarnock.
- MITCHELL, T. R., M.D.—Hon. Surgeon to the 22nd Norfolk Rifle Volunteers.
- NAYLER, G., F.R.C.S.—Assistant-Surgeon to the Hospital for Diseases of the Skin.
- NORTON, S., M.D.—Medical Officer for No. 4 District of the Malling Union, Kent.
- PEACOCK, A. L., M.R.C.S.—Medical Officer for the Church Stanton District of the Taunton Union.

- PYLE, T. T., M.D.—Physician to the Sunderland Infirmary.
- ROCHE, R., L. A. H., Dub.—Apothecary to the Listowel District of the Listowel Union.
- SEWARD, N., M.D.—Medical Officer to the Tallaght Constabulary, County Dublin.
- SMART, A., F.R.C.P. Ed.—Physician to the Edinburgh Magdalene Asylum.
- SPENCER, H. B., M.D.—Medical Officer for No. 5 District of the Abingdon Union.
- STANSFELD, G. M., M.R.C.S.—Certifying Factory Surgeon for the City of Bristol.
- TREVES, W. K., M.R.C.S.—Resident Surgeon to the Royal National Hospital for Scrofula at Margate.
- WYBER, J., M.D.—Assistant Resident Medical Officer to the London Fever Hospital.
- YOUNG, J., M.D.—Consulting Physician to the Ayr, Newton, and Wallace-ton Dispensary and Fever Hospital.

DEATHS.

- BURGESS, Thos. H., M.D., of Southsea, Hants, on December 1st.
- CHERRY, G., L.R.C.S.E., of Caerleon, Newport, Monmouthshire, on December 3, aged 62.
- CORBETT, Richard, M.D., of Cork, on December 22nd. The deceased was Vice-President of the Irish Medical Society.
- EASTWOOD, W. S., Surgeon, at Newbold, Chesterfield, on Dec. 4, aged 73.
- FORMBY, Richard, M.D., of Shorrock's Hill, Formby Point, Liverpool, on December 15, aged 75.
- GRAY, J. J., M.R.C.S., late of Bishopwearmouth, at Dinsdale, on Dec. 3.
- HARRIS, W., Surgeon, of Wellington road, Stoke Newington, formerly of Bolsover, Derbyshire, on December 16, aged 67.
- KITSELL, J., M.R.C.S., formerly of Droitwich, at Pendleton, Manchester, on December 6, aged 63.
- LAURIE, J., M.D., of Lower Berkeley street, Portman square, on Dec. 10.
- NUTSALL, James, M.D., at Kirkdale, Liverpool, on December 3, aged 45.
- RIDSDALE, H. R. S., M.R.C.S., late Surgeon H.M.'s ship *Mersey*, at Southampton, on December 14, aged 28.
- RITCHIE, Charles George, M.D., on December 22, in the 24th year of his age. He was the only son of Dr. Ritchie, Senior Physician to, and Lecturer at the Glasgow Royal Infirmary. Having completed his studies at Glasgow, and on the Continent, he held for a time the post of Resident Physician to the Royal Hospital for Sick Children in Edinburgh, and then came to reside in London. Here he soon acquired a large circle of friends, and made himself known in medical literature by his valuable work on "Ovarian Pathology," published only last year. His death occurred under very melancholy circumstances, through his taking by mistake a large dose of strong solution of morphia.
- ROBERTS, John, L.R.C.P., and M.R.C.S., Resident Medical Officer of the St. Pancras Infirmary, on December 20, aged 36, of typhus fever, contracted in the discharge of his duties.
- SMITH, H., L.R.C.S.E., of Heriot Hill House, Edinburgh, on December 3, aged 55.
- SMITH, T. F., L.S.A., at Chulmleigh, Devon, on December 2, aged 64.
- TUSON, Edward William, F.R.C.S., F.R.S., at 6 Devonshire street, Portland place, W., aged 65. The deceased was formerly Lecturer on Anatomy and Physiology at the Great Windmill street School of Anatomy, and at the Middlesex Hospital Medical School, which he was mainly instrumental in establishing. He was also for several years Surgeon to the Middlesex Hospital, but some unpleasant occurrences

amongst the staff of the Hospital, led to Mr. Tuson's retirement from this position. During his public career he was distinguished as a sound teacher, and a skilful and prudent operator. He was the author of various anatomical works, including a treatise on Myology, a "Dissector's Guide," and an essay on the Anatomy of Inguinal and Femoral Hernia; he also wrote a work on Spinal Curvature, and one on Cancer. WALL, C. E., M.D., of Leinster square, Rathmines, Dublin, on Dec. 12. WING, Edwin, M.D., late Resident Physician-Superintendent of the General Lunatic Asylum, Northampton, on December 17, aged 47.

CORRESPONDENCE

BRITISH RAINFALL.

To the Editor of the MEDICAL MIRROR.

SIR,—I have to ask your readers attention for a few moments to a request on the above subject, the importance of which in relation to sanitary engineering, and drainage questions is well known. It is now some years since I began collecting returns of the fall of rain—with what success I will mention presently, but my main difficulty has been to find out the persons who keep such records, and one of the most obvious sources of assistance is the Public Press; I now, therefore, ask from each and every journal in the British Isles their all-powerful aid. When the collection was first organised in 1860, scarcely 200 persons were known to observe and record the rainfall; by steady perseverance, and the aid of a portion of the press, the number has been raised until there are now more than 1,200 places whence returns are regularly received. Still, I know there are many more, probably hundreds, who have never heard of the establishment of a central dépôt to which copies of all rain records should be sent, or they have been too diffident to send them. It is of paramount importance to gather these, and make the tables yet more complete. I therefore beg leave through your columns to ask every reader to think for a moment if he knows of any one who keeps, or has kept, a rain-gauge: or, who has any tables of rainfall (or old weather journals,) in their possession, and if they do know of such persons, I ask them on behalf of science, of my fellow-observers, and on my own behalf, to use every effort to secure their assistance, and to favour me with their names and addresses. We want old records, we want records for the present year, and from many parts of the country we want returns for the future, if a few persons will notify to me their willingness to assist, and to pay 10s. 6d. for the very cheap and simple gauge now supplied.

I am, Sir, Your obedient Servant,

G. J. SYMONS.

136 Camden Road, London, N.W.

[We have been requested by Mr. Symons, who has written on behalf of the Committee appointed by the British Association to aid him in his investigations, to state that list of places where returns have been collected, will be forwarded by him to everyone requiring them.

The Committee consist of J. Glaisher, Esq., F.R.S., Lord Wrottesley, F.R.S., Prof. Philips, F.R.S., Prof. Tyndall, F.R.S., Dr. Lee, F.R.S., J. F. Bateman, Esq., F.R.S., R. W. Mylne, Esq., F.R.S., and G. J. Symons, F.R.S.—ED. MED. MIRROR.]

TO CORRESPONDENTS.

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THE MEDICAL MIRROR.

FEBRUARY, 1866.

ORIGINAL COMMUNICATIONS.

On Progressive Locomotor Ataxy, or Wasting of the Posterior Columns of the Spinal Cord. By JULIUS ALTHAUS, M.D., M.R.C.P., Physician to the Royal Infirmary for Diseases of the Chest.

HAVING, in a recent communication to the *Lancet*, given my views of the nature of progressive locomotor ataxy, and of its prognosis and treatment, I now proceed to consider the anatomical changes which are found after death in patients who have succumbed to this disease, as well as the symptoms and progress, and the causation and diagnosis of the affection.

PATHOLOGICAL ANATOMY.

On opening the spine, the vertebræ and the vertebral canal appear healthy. The sac of the dura mater often contains a somewhat considerable amount of clear or slightly turbid liquid. The membranes themselves may be normal, but in some cases, the *posterior* part of the dura has been found thickened, and adherent to the pia by thin false membranes. Nothing of this kind is found at the *anterior* part of the dura. The posterior part of the pia is almost always less transparent than it should be; and presents a yellowish or milky appearance. It is often so firmly adherent to the substance of the posterior columns that it cannot be separated from them without tearing off some portions of medullary matter. These changes have, however, only been noticed in about one-half of the cases examined, and we must, therefore, consider them rather as incidental, than as pathognomonic appearances. The latter are found in the cord itself, which shows in its posterior columns, a peculiar grey coloration which is not superficial but embraces their entire depth, and constitutes the characteristic anatomical feature of the disease, being always connected with a definite alteration in

the intimate structure of the cord. In cases where the pia is opaque, it is necessary to remove it to show the grey coloration, but where that membrane is transparent, it becomes visible immediately upon the removal of the dura. We then see, instead of the white matter of the posterior columns, either one or two grey bands proceeding from the lower end of the cord to the middle of its dorsal portion, and occupying the whole space between the opposite insertions of the posterior roots. As we proceed higher up, these bands become narrower, and often separate into smaller stripes, which run up to the calamus scriptorius, and the floor of the fourth ventricle.

The grey colour of the posterior columns is sometimes uniform throughout, in other cases it is dark in the median line, and light laterally. Occasionally the grey merges into amber, pink or reddish yellow, according to the stages of the degenerative process. Generally, however, it is so similar to that of the healthy grey matter, that Olivier believed the whole process to be one of hypertrophy of the latter substance. Laterally the grey coloration is mostly limited by the posterior horns, and centrally by the commissure. This commissure and the central part of the grey matter, is sometimes also affected, and in far advanced cases the disease may even extend to the lateral columns; while the anterior horns, columns and roots are always healthy.

As regards the *shape* of the cord, it appears flattened from before backwards, so that at first sight it would seem to be actually enlarged. Such, however, is not the case, for the flattening results from the diminution of the bulk of the posterior columns, which are always smaller than usual. Where the disease has been severe, the posterior columns may be entirely wanting, being replaced by a thin band of connective tissue. The *consistence* of the grey matter and of the antero-lateral columns is normal, which may also be the case with the posterior columns; occasionally, however, these latter are found softened, and even semi-fluid.

The posterior roots are, in most cases, similarly affected to the posterior columns. Sometimes the whole substance of the root is in a state of degeneration, in other instances the grey stripes alternate with healthy white bands. The lower roots are generally more affected than the upper ones.

If we now ask ourselves which of the two is the primary and essential change, that in the *cord* or in the *roots*? the answer cannot be doubtful. The affection of the roots must be secondary to that of the columns:—

1stly. Because in a certain number of cases the posterior *columns* have been found diseased, while the *roots* were healthy.

2ndly. Because in other instances where both were diseased,

the columns were in a far more advanced stage of degeneration than the roots.

3rdly. Because in most cases, although columns as well as roots may be diseased at a *lower* part of the cord, yet, further upwards, the columns may show extensive disease, while the root appears healthy; and lastly, because in no case has there been atrophy of posterior roots without simultaneous atrophy of posterior columns.

In the upper portion of the cerebro-spinal axis the disease is always less severe than in the lower part. The calamus scriptorius occasionally shows traces of it, but the cerebellum which has in all cases been examined with the greatest care, has always been found healthy. This latter circumstance has caused considerable disappointment to certain pathologists who concluded *a priori*, from physiological premises, that structural changes of the cerebellum *must* be found in progressive ataxy. Such, however, is not the case, and this shows again how necessary it is to be cautious in the application of physiological theories to pathological processes.

The cerebral nerves have only been examined in a few cases, and consequently our knowledge regarding the structural changes in them is still very deficient. The optic nerves have several times been found softened or entirely destroyed, only a few fibrous strings being seen in place of nervous matter. The ulceration may spread to the chiasma, but stops short at the corpora geniculata. In the retina it proceeds from the papilla to the periphery of that membrane. The other cerebral nerves are only seldom diseased. In one case the olfactory nerve, although apparently healthy, was, on being examined with the microscope found to be almost smothered by amyloid corpuscles. The motor oculi, the hypoglossus, and the vagus have been found injured in a few cases. These results correspond entirely with the symptoms observed during life; for while the cord and the optic nerves, when once thoroughly diseased, are generally permanently disabled, the symptoms referable to the other cerebral nerves almost always disappear after a short time.

I shall now describe the more minute structural changes found in the nervous matter by the aid of the microscope. In conducting such investigations, it is advisable first to harden the parts artificially by putting them for a day or two into alcohol, and afterwards for a few days into a weak solution of chromic acid. If the specimens have been thus prepared, fine sections can easily be made. The first thing which is then observed is that, whereas a section of healthy nervous matter taken from the anterior columns is dark, one from the diseased posterior columns is transparent. This results from the fact that in the

anterior columns healthy nerve-tubes are crowded together, while in the posterior columns most of them have been destroyed by the disease, and are replaced by a clear and nearly homogenous mass, which contains a number of small granules, and connective tissue.

In order to show distinctly the relations between nerve-tubes and connective tissue, the specimens should be put into a mixture of alcohol and turpentine, whereby the myeline contained in the nerve-tubes becomes so transparent that it seems to have almost disappeared, and offers no impediment to a clear view of the connective tissue, with all its ramifications, more especially if we add a solution of carmine, whereby the meshes of the connective tissue acquire a red colour. Again, if we wish to know what has become of the nerve-tubes, the specimens should be left for a long time in chromic acid, and then treated with alcohol and turpentine, but not with carmine. By this proceeding, the nerves, and especially the myeline contained in them, acquire a slightly yellow or greyish tinge, and form a striking contrast to the uncoloured connective tissue. The polarised light may also be made use of in such researches. For this, specimens are put into glycerine, and in a dark field we may then easily recognise the myeline by its milky pearl-mother appearance.

By using these means, the following circumstances are elicited:—The nerve-tubes are either diseased or entirely destroyed. They often appear granular, varicose, more narrow than usual, and nearly or entirely devoid of myeline and the cylinder axis. Besides these diseased nerves we find proliferation of connective tissue, slender fibres, round cells whose membrane nearly touches the nucleus, a more considerable number of free nuclei, and from one to four nucleoli in one nucleus. Capillary vessels may also be discovered, which are either healthy or diseased. The adventitia is often very much thickened, and the vessels appear surrounded by oil globules. Finally, we meet with a large number of amyloid corpuscles, presenting the well-known pearl-mother appearance. They are most numerous along the course of the blood vessels, and seem to abound chiefly where the degeneration is not very far advanced, while they are less frequent where an entire destruction of nervous matter has taken place. The process may, therefore, be characterized as one of destruction of nervous matter, proliferation of connective tissue, degeneration of blood-vessels, and formation of corpora amylacea and oil-globules. It resembles both chronic inflammation and simple atrophy, but neither of them altogether, and should therefore be looked upon as one "*sui generis*".

SYMPTOMS AND PROGRESS.

I now proceed to analyse the symptoms and progress of the disease. Duchenne has distinguished three stages of ataxy, and although these are by no means always so well defined as this author would lead us to believe, yet his division may, with certain modifications, be adopted for the sake of convenience. The first stage is marked by certain affections of the cerebral nerves, pains of a peculiar character, and diminution of sexual power; it generally lasts from four to five years, sometimes much shorter, sometimes longer. In the second stage the symptom of ataxy supervenes, together with loss of sensibility; this may last ten years and more. In the third stage the symptoms of the first and second stage become more severe, complications such as paralysis and spasms arise, and death results from exhaustion or from intercurrent diseases.

The commencement of progressive ataxy is either slow or subacute. One or more of the cerebral nerves are generally the first to suffer; those most frequently affected being the optic, and the third, fourth, and sixth, pairs. The chief symptoms are, therefore, amblyopia, double vision, strabismus, and ptosis. Sometimes there is even treble vision, or two images may be observed by one eye, while the other is closed—symptoms which have not yet found a satisfactory physiological explanation. The ophthalmoscopic examination of the fundus oculi shows, at first, symptoms of congestion; the capillaries are diseased, and the whole fundus has a violet colour. Amongst the symptoms mentioned, strabismus and double vision have the tendency to disappear within a few months, with or without treatment, ptosis is liable to continue much longer, and amblyopia almost always, in the course of time, merges into amaurosis. The ophthalmoscope then shows evident symptoms of atrophy of the retina; the diameter of the blood vessels is diminished, the papilla is of a greyish or pearl-mother hue and excavated, and a white circle is seen at its margin. These facts are important as regards prognosis, for while we may reasonably hope that strabismus and double vision will disappear of themselves, ptosis and amblyopia offer less favourable prospects. From this it is easy to understand why double vision and strabismus have not been mentioned in the description of tabes by the older observers, these symptoms having escaped their attention from not being present at an advanced stage of the disorder. The other cerebral nerves may also show signs of paralysis, with the only exception of the olfactory; there may be loss of taste, deafness, difficulty of mastication, dysphagia, and numbness or loss of sensation of the face, lips, tongue and gums. These latter symptoms are, however, comparatively rare.

Almost all diseases of the cord are accompanied by *pain*, but

progressive ataxy more frequently than any other. Pain of a peculiar character constitutes, indeed, one of the most distressing symptoms of this affection. The sensations are short, sharp, and sudden, similar to electric shocks; patients sometimes say that it is as if the limb were rent asunder, bored into with an awl, or knocked with a hammer. After a second or two the pain is gone, and the patient has a short interval of rest; but soon there is another shock, and this may go on for two or three days consecutively, after which there is a free interval of a few weeks or even months. During such paroxysms the patient is mostly obliged to be in bed, and their effect on the general health is prejudicial. The pains often begin in the feet, then migrate about the body, sparing only the head, and finally settle in one of the legs, from where, as the disease advances, they gradually proceed upwards. During the attacks neither swelling nor redness is to be observed in the parts affected, but after some time considerable hyperæsthesia sets in, so that the patient is exceedingly sensitive to touch or even a slight draught of air. In other cases there is no hyperæsthesia, but numbness, and strong pressure relieves the pain. If the eyes are attacked, a flow of tears, heat, and dilatation of the pupils are caused; if the bladder is invaded, catarrh of that organ may be produced. As time wears on, the pains generally increase in severity, and appear at shorter intervals. They are most liable to come on when sudden atmospheric changes occur, and after exposure to wet, or after excesses in walking, drinking, or sexual intercourse. The patients generally dread winter. As spring advances they frequently improve, and this is often believed to be due to the remedies which happened to be employed about that time. Some patients are, by an increase in the severity of the pains, able to predict, with considerable certainty, an impending change in the weather.

Spermatorrhœa is another important symptom, but it is absent in a number of cases. Where it is present, it seems to accelerate the progress of the disease. Emissions occur first at night, and with erections, after a time they likewise occur in the daytime, and without erections, more especially on voiding the bowels. If this condition is allowed to go on for some years, impotence is the final result, but under the influence of a suitable *régime* and treatment it is often improved or cured. In exceptional cases the disease is ushered in by priapism and satyriasis. Eisenmann has recorded a case in which these latter symptoms continued more or less for thirty years, and were only relieved by large doses of opium.

The bladder and rectum may also be affected in the first period of progressive ataxy, but they are more generally so in the second. Constipation is the rule, while involuntary faecal discharges are rare. The bladder is not sufficiently emptied,

and the urine is passed tardily. Incontinence may also be present, but is often promptly relieved.

After one or several of these symptoms have continued for some time, other morbid signs present themselves either suddenly or gradually, and by which the second period of the complaint is marked; the most important one of these, and from which the disease has received its name, is the locomotor ataxy which consists of a peculiar disturbance of locomotion as well as equilibration. The will loses its rule over the muscles, which although still possessed of great intrinsic force, are nevertheless unable to execute complex movements, or preserve the equilibrium of the body in its erect position. And here I would direct attention to a fact which was first prominently dwelt upon by Duchenne,—viz., that co-ordination is composed of two several kinds of muscular action, that is, of the harmony between the antagonists, and of instinctive or voluntary associations of muscles. In voluntary movements the antagonists are not, as is generally believed, inactive, but every such movement is the result of a two-fold nervous action, by means of which both flexors and extensors are made to perform simultaneously, so that one set produces, and the other moderates and tempers, the movements. Without this co-operation of antagonists, all movements become devoid of certainty and precision. Now, in progressive ataxy the patient first loses his instinctive faculty of regulating the kind and extent of his muscular actions, although he may still be able to associate muscles to contract in order to produce certain movements. In Nature isolated muscular contractions do not occur; they may be obtained by artificial means, such as Faradisation, but not physiologically. Most muscular functions, in fact, require a large number of simultaneous movements which are again in their turn only the resultant of several forces. Most of these complex muscular contractions are learned in early life by daily, nay hourly practice. Every child that first begins to walk, may be said to show locomotor ataxy, and does not learn to walk or to stand, without having often fallen down, and thus received many practical lessons of the importance of a judicious co-ordination of movements. In after life these complex muscular contractions occur instinctively, almost mechanically, and without an effort of volition; and the loss of this faculty is what we have to understand by the term locomotor ataxy.

This generally begins in the lower extremities. The patient first notices an awkwardness in his movements when he walks in the dark, or in the morning while he is dressing. He soon takes to a stick when out of doors, but even with such aid he finds that he has to make considerable efforts to prevent himself from falling. In order to appreciate the degree of ataxy which

may be present, we must examine the patient in all positions while standing, walking and lying down. If he is told to stand with both feet close together, he can seldom keep his balance. He staggers from one side to the other, and manœuvres desperately with his arms, almost like a rope-dancer; but unless he clings to some support, he nevertheless falls down at last. If told to stand with his eyes closed his struggles to maintain himself are equally distressing. But this alone is not sufficient to enable us to diagnose progressive ataxy, because the same symptoms may be found in persons who have just recovered from acute diseases, or who suffer from certain affections of the brain, or who are reduced by bad living, and in a weakly condition.

The ataxy becomes much more apparent if the patients are told to walk. They throw the legs forward with a jerking motion, and put the feet down with great force. In turning round they are especially awkward. At the commencement of the affection the patients can still walk a considerable distance, and feel the difficulty chiefly on first starting, or changing their direction. But as the disease advances, walking becomes almost or quite impossible. The patients are still able to make strong muscular exertions, and on trying to walk flexors as well as extensors feel hard and contracted; yet they do not succeed in doing that which other persons accomplish without an effort. At first the ataxy is most striking in the pelvic and femoral muscles. But after a time it becomes also apparent in the leg and foot. The sole seems continually to search for support, one leg is crossed over the other, or jerked about in a crazy manner, without the slightest intent or purpose. All efforts to check these movements are ineffectual and only serve to increase them. The patients soon become exhausted by the expenditure of so large an amount of muscular power, and are glad to get back into bed.

If we examine the patient while he is lying down, and tell him to flex or extend his limbs, he often does so in an abrupt and sudden manner. In a somewhat advanced stage of the disease no graceful or easy movement is possible; he does not know what force to use, or where to stop, and he cannot continue a given movement for any length of time. How great is the difference between this condition and that of a paralysed person! The atactic patient has a great deal of power, and is able to make Herculean efforts to do what he is told, but he does not know how to do it, and expends his force in vain. In the paralytic, on the contrary, the power is lost, or greatly diminished; he cannot move, or if he succeeds in doing so, it is a feeble motion, although one not devoid of purpose.

In the upper extremities ataxy is not so well marked, nor so

frequent as in the lower ones ; and it mostly appears only at a later period of the disease. If the patient is told to touch his nose with the tip of the forefinger, to pick up a pencil or a piece of money, to describe a circle in the air, or to make the sign of the cross, the ataxy becomes apparent, more especially if he closes the eyes. He cannot write in a straight line, and is very awkward in dressing and feeding himself. The muscles of the face are only rarely affected ; sometimes, however, there is facial spasm and difficulty of articulation.

Disturbances of not less importance are at the same time observed in the sphere of sensibility. When questioned, the patient generally mentions a feeling of numbness or heaviness in a limb or part of a limb, which may exist without any loss of sensation in the skin or other parts. It generally commences in the toes or the soles of the feet, and from there gradually spreads upwards to the abdomen, and the chest, which feel as if constricted by a circular band, a net, or a tight string. Where this feeling invades the chest, dyspnoea is also present. In the upper extremities the numbness is generally confined to the third and little finger, and only seldom spreads higher up. Numbness in the legs, and especially in the soles of the feet, is one of the most constant symptoms of the disease, and if absent, must make us doubtful whether the case is really one of ataxy or not ; and when it diminishes or disappears, we may say with certainty that an improvement has taken place.

Anæsthesia is a frequent, but by no means constant symptom of ataxy, and it generally appears only at a somewhat later period of the disease. We have here to distinguish several forms of anæsthesia, viz.—loss of the sensation of pain, which is also called analgesia ; then loss of the sense of touch, which is anæsthesia properly so called ; loss of the sense of locality, loss of the sensation of temperature, and finally, loss of the sensation of pressure.

Sensibility to pain is generally diminished or even entirely destroyed. You may prick the patient with a pin or needle, or you may pinch his skin, and he will not feel it all, or he will merely feel it as a touch. Cruveilhier mentions the case of a patient who had suffered a fracture of the leg, and neither at the time of the accident, nor afterwards, had felt any pain whatever. The sensibility to galvanism is also diminished, as the patient is able to bear the application of a very powerful current without the slightest inconvenience. The sense of touch is affected in a like manner. If he is told to close the eyes, and something is then given him to touch, he is not able to distinguish the nature of the object. This loss of the sense of touch is not confined to the upper or lower extremities, but may extend to the neck, tongue, and soft palate. A very common symptom is tardy sensation, so

that when touched, the patient only feels it five or ten seconds afterwards. If the soles of the feet are tickled, there are scarcely any or no reflex movements, and the perception of it is dull or none.

The sense of locality is often wanting, therefore the patient, if touched in a particular part of the body, cannot tell you where he is touched. At the same time, the distance at which two separate sensations are perceived as such, is increased, as is well shown by examining the patient with Weber's pair of compasses. In the legs, where the normal distance for two separate sensations is an inch and a half, the patient is sometimes altogether unable to feel them as such, while in the face and the fingers he may still be able to do so.

A curious fact is, that the *sense of temperature* is only seldom deficient. Persons in good health are able to distinguish with certainty a difference of one, or even half a degree. Objects which are warmer than 90° give a sensation of heat, and such as are below 90° feel cold. Now, patients suffering from ataxy, although they may have entirely lost all other sensations, are yet often able to distinguish between different temperatures. Thus, M. Topinard relates a case which was observed in Trousseau's wards in the Hôtel-Dieu, and where the patient was affected by double amaurosis, absolute anæsthesia as regards touch, pain, and locality, ataxy of motion to such an extent that he had not been out of bed for two months; who had completely lost his muscular sense, and who had only the sensation of heat and cold to tell him that he still had his limbs. Sometimes his legs would be jerked out of bed by spasms which he did not feel, and which, being blind, he could not see. Then, after a time, a sensation of cold would creep upon him, and the poor fellow would ask whether anything was the matter with his legs. This patient existed, as it were, only by his memory, as he had lost the consciousness of his body. But even the sense of temperature may be wanting. Leyden mentions the case of a patient who prepared a warm bath for himself, and not being able to distinguish between heat and cold, he made it very hot, and was severely scalded on going into it.

The last disturbance of sensibility we have to notice is that of the *sense of pressure*, which resides in the nerves of the skin and the deeper parts—viz., the cellular tissue, the muscles, and periosteum. The sensation of pressure is produced by weights resting on certain parts of the body, more especially on bones. Mr. Eigenbrod, who has studied the changes which this sense undergoes in various affections, has found that there is a considerable diminution of it in ataxy. Persons in good health are generally able to distinguish a weight of thirty from one which is only twenty-nine pounds, but patients suffering from

ataxy lose this faculty to a great extent. It has been shown by experiments that, if the sense of pressure in the soles of the feet is diminished by the application of ice or chloroform, the gait becomes tottering: it is, therefore, permitted to suppose that the uncertain walk of atactic patients is partly due to the diminution of the sense of pressure, a firm gait being only possible where there is a proper sensation of the resistance offered by the ground on which we walk.

In the third period of the disease we observe all the symptoms which are present in the second, only in a more marked degree. Sensation becomes more and more impaired, the ataxy more striking, and muscular force, which was previously intact, also begins to suffer. A semi-paralytic condition is gradually induced. The patients cannot grasp any objects with sufficient force; they cannot offer any resistance to movements imparted to their limbs by others; they have difficulty in raising their legs when in bed; and if they attempt to walk, the feet drag on the ground. Occasionally the muscles become atrophied, and undergo fatty degeneration. Spasms may supervene, which are most troublesome at night and when the weather is damp. Where there has been amblyopia, it merges into complete amaurosis; there is paralysis of the bladder, incontinence or retention of urine, involuntary evacuations of fæces, and at last decubitus on the sacrum, unless great care is taken to prevent this. Death takes place either from the latter complication, or from inflammation of the bladder and kidneys, or from intercurrent diseases, such as bronchitis, pneumonia, and phthisis.

A curious symptom remains to be mentioned—viz., the state of mind of these patients. Unless they suffer from severe pains, they are mostly, if not happy, at all events resigned to their fate. They do not complain much, and are inclined to think lightly of their affection. In this respect progressive ataxy resembles pulmonary consumption, in which the mind is also often composed and cheerful, while in diseases of the brain and the liver there is almost always great depression or irritability, or both combined.

The *causes* of progressive locomotor ataxy now remain to be mentioned. As regards age, we find that most patients are between thirty and fifty years. The disease is very rare in old people, and is not seen before the age of fifteen. The male sex is more disposed to it than the female. Romberg says that scarcely one-eighth of the cases are females. In the observations recorded by French authors and tabulated by M. Topinard, the proportion is of one female to four males. Amongst the six cases which I have observed, not one occurred in a woman. As regards occupation, it appears that persons who are much exposed to cold, damp, and fatigue, are more liable to it

than others. Two of my patients were commercial travellers, who were continually on the move. Another patient, a young man who had been in good health before the disease broke out, attributed his illness to his having been obliged, after a ball in which he had taken active part, to walk home in thin boots in a pelting rain, having been unable to get a conveyance. In this case the symptoms supervened with great rapidity.

Soldiers are also very liable to it. "The malady is rife," says Romberg, "when the strength is much taxed by continued standing in a bent posture, by forced marches, and the catarrhal influences of wet bivouacs, followed by drunkenness and debauchery, as is so often the case in campaigns; and this is the reason why tabes dorsalis was so frequent during the first decennia following the great French wars of the present century."

The malady breaks out more frequently in autumn and winter than in spring and summer. Most patients who have the disease improve during the summer months; and we must, therefore, be cautious to ascribe any beneficial results which may appear then to the treatment employed; while if they get better in winter, there is far more probability of the remedies used having been of actual service.

We have at present no sufficient data to say whether sexual excesses may cause the complaint. On the whole, experience goes far to prove that such excesses tend more to produce cerebral than spinal affections. At all events, I think it erroneous to put down such excesses as the chief cause of progressive ataxy, as was done in former times.

Emotion and anxiety, combined with overwork and bad living, are no doubt potent causes; but syphilis seems to have little or nothing to do with the disease.

Suppression of habitual perspiration, especially of the feet, has been mentioned as a cause in several instances. In the case related above, the patient himself believed that the suppression of the hæmorrhoidal flow was the cause of it. Sometimes the affection is hereditary. Children of parents who have suffered from epilepsy and other nervous disorders, are more liable to it than children of healthy parents. Accidents have often seemed to cause the outbreak of the complaint.

I conclude with some remarks on the *diagnosis* of ataxy. A decided opinion can scarcely be formed in the first period of the disease. We may certainly have our suspicions of its threatening the patient if we find that he has been much exposed to cold, damp, and fatigue, that he has committed excesses of various kinds, and suffers from the pains described above, together with strabismus, amblyopia, and anaphrodisia; but all such symptoms may be due to syphilis, rheumatic diathesis, and other diseases.

The diagnosis is very easy in the second stage of the distemper, but it must be borne in mind that with the only exception of the symptom of ataxy itself, all other functional disturbances previously described as belonging to that stage may be absent. In the third stage, diagnosis may become difficult in consequence of complications which arise, such as paralysis; the affection can then no longer be called ataxy proper, as the degeneration has already spread to the grey matter and the lateral columns of the cord.

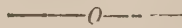
There are few diseases which could be confounded with ataxy. In *chronic myelitis* we have, as a rule, no ataxy, but paralysis; moreover, the cerebral nerves do not suffer in that affection, and all symptoms are referable to simple inflammation. There is fixed pain at a certain point of the back which is increased by pressure; moreover, we have muscular spasms, diminution of muscular contractility, and atrophy of muscular substance.

From *disease of the cerebellum* ataxy may be distinguished by the absence of the fixed and permanent pain in the back of the head, and of the vomiting, both of which symptoms are almost always present where the cerebellum is diseased. The cerebral nerves may suffer alike in both affections; but the progress of these disturbances is not the same, for while in ataxy the double vision and strabismus come on suddenly, and generally disappear within a few weeks or months, in disease of the cerebellum they continue after having once commenced. In these affections the symptoms of ataxy is by no means constant; sometimes there is, instead of it, an impulse to rush forwards or backwards; or the patients may be simply unable to keep their balance. Vertigo, convulsions of the face and limbs, and epileptiform seizures, which are common in diseases of the cerebellum, scarcely ever occur in progressive ataxy. With *softening of the brain* ataxy can scarcely be confounded, as in that affection we have generally hemiplegia, and early impaired intellect and memory. In *general paralysis* there is weakness of the intellect and loss of muscular power, while in ataxy neither the intellect nor the muscles suffer.

Chronic poisoning by alcohol and *brain-syphilis* may give rise to the symptoms of ataxy, but in most cases there are other characteristic signs which cannot fail to lead us on the right track. Where the affection of the brain is the only symptom of venereal disease, which it is in exceptional cases, the effect of the treatment may guide us in our own diagnosis. If nitrate of silver and hypophosphite of lime should fail to retard the progress of the disease, we may try iodide of potassium; and if this should prove curative, the affection is most likely of a syphilitic kind.

Paralysis of the muscular sense is an affection quite different

from ataxy. In the former, the guiding power of the muscular sense is lost, so that, in moving his limb, the patient has to trust exclusively to the sense of sight as a guide. The power of the muscles is as great as ever, but the patient is unable to make the slightest movement in the dark. In the daytime he can move the limbs quite well, provided he keeps his eyes steadily fixed on the parts ; but as soon as anything else attracts his attention, and he turns the eyes in a different direction, his movements are arrested. The difference between this affection and ataxy may be easily perceived ; I will merely add that paralysis of the muscular sense is not a disease of itself, but only a symptom, which may supervene in several nervous affections.



On the Elimination of Alcohol by the Human Kidney. By W. BATHURST WOODMAN, M.D., Resident Medical Officer, London Hospital, &c.

It has been the great misfortune of the "Alcohol Question," that its discussion has been nearly always conducted by either its violent partisans, or equally fierce opponents. Very few writers on the subject have been able, in modern times, to approach this question in a purely physiological or medical point of view. It appears to me, that this is mainly due to the peculiar rôle which alcoholic liquids play in regard to public morals. Thus, whilst opium, and belladonna, Indian hemp, and chloroform, ether and tobacco, produce various degrees of excitement in their primary effects, and depression or narcotism in their secondary, and some of them are almost of daily use, by certain persons and nations, it is the almost peculiar property of alcoholic beverages to give rise, when taken in excess, to modes of disordered action of thought and will, which provoke crimes against public morals, and against life itself. Hence, a not unnatural horror of its abuses, leads to a total denial of its uses on the part of many well-intentioned persons. Too exclusive a study of certain forms of disease, such as chronic alcoholism, albuminuria, delirium tremens, and delirium ebriositatis, would also tend to create so strong a prejudice against these beverages, as almost to prevent a fair inquiry into their mode of action. A further complication as regards the complex chemistry of alcohol, arises from the enormous influence which the genius of Baron Liebig has exercised over modern scientific thought. The brilliant experiments, and bold inductions of this famous chemist, have quite paralysed the mental processes of his followers.

Hence, when the Giessen professor asserted that alcoholic liquors were immediately decomposed in the human body, his

dictum was by many received as true without inquiry. But as soon as inquiry began to be directed afresh to this subject, it became evident that only a portion of the alcohol ingested could be decomposed, inasmuch as a great deal of it could be demonstrated to pass out of the body again through various channels.

Again, after the beautiful experiments of MM. Lallemand, Perrin, and Duroy, repeated in our country by Dr. Edward Smith and others, the waves of opinion flowed back again, and men began to deny that alcohol was ever decomposed at all in the animal economy. But M. Baudot took up the question, and showed that only a portion of the alcohol taken in fluids had been yet recovered by the experimenters. More recently, I find that Dr. Bence Jones asserts (*Medical Times and Gazette*, Jan. 6, 1866), that alcohol is oxidised in the body, and appears to insinuate that the greater part of it is so disposed of.

As this subject and the therapeutical uses of alcohol are daily becoming more and more important, and as the general public are beginning to take an interest in what certainly concerns them most nearly, I trust I shall be excused for offering a very small contribution towards the elucidation of the problem, "What becomes of the alcohol which (in various degrees of dilution) we are accustomed to drink?"

The conclusion towards which the facts and experiments detailed clearly point is, that at least the larger part of the alcohol ingested is eliminated as such; but I would protest against this being considered as a proof that alcohol never acts as *food*. To my mind, whatever helps towards the prevention of waste, or assists in repair of that waste, is food, even should that substance merely act like the bergmahl of the Swede or the Lapp, to dilute the food. And to say that, because nearly all is got rid of again, in the same form, it is useless as a medicine, would be as logical as to deny the use of iodide of potassium, which is certainly for the most part rapidly extruded by the kidney, as iodide of potassium.

In the MEDICAL MIRROR for July, 1865, I put on record a case in which, after drinking a large quantity of spirits, the urine passed was actually of *lower specific gravity* than *water*, and yielded an enormous quantity of alcohol on distillation. This case is, as far as I know, unique; but the following cases will show that the kidneys do much towards elimination of alcohol. I must premise that in most of the cases I have employed the chromate test, confirmed by distillation, and also by counter-tests, for the absence of sugar (in notable quantity, for traces of sugar are met with in *all* urine, as far as I know, *vide* Brücke, &c., &c).

CASE 1.—W. A. S., æt. nineteen, drank a quantity of gin, and brandy; brought here totally insensible, and remained so for

twenty hours. He had only taken the liquor about two hours; nearly Oij. urine drawn off by catheter; limpid; smelling strongly of spirit; sp. g. only 1004; yielded alcohol largely. An hour after another Oj. was found in the bladder; sp. g. 1003. In the night he wetted the bed frequently, and even next day the urine was copious, pale, not more than 1005 sp. g., and yielded alcohol largely. No evidences of kidney disease—no albumen.

CASE 2.—Mary C., æt. twenty-two, a fine healthy girl, was made drunk by methylated spirit; drank about eight ounces neat; admitted insensible; urine had a sp. g. of 1001, and yielded alcoholic reaction for forty-eight hours, although several quarts were passed (part was lost in the bed); her normal urine was of sp. g. 1016.

CASE 3.—M. A. C., æt. fifteen; drank a good deal of beer, and a little gin; passed urine in great quantity, of sp. g. 1005, yielding alcohol strongly.

CASE 4.—A man admitted insensible from drinking spirits. His urine for six days was never above 1005 in sp. g., and contained a notable quantity of alcohol all the time.

CASE 5.—A woman who had been a great spirit drinker was kept closely watched, and deprived of spirits. For eight days the urine continued to give strong indications of alcohol, and faint ones for three to four days after, when all traces were lost.

CASE 6.—A man, æt. forty, admitted for delirium tremens; no alcohol taken for six days; strong reaction of alcohol during five of the days, and urine (not albuminous) never over 1005 in sp. g.

These cases, and many more which I could adduce, show—

1st. That the kidneys eliminate actively.

2nd. That the urine is of low sp. g., and copious in quantity.

3rd. The sp. g. is mainly due to the elimination of alcohol, and the comparative absence of sulphates, which are known to be of great sp. g., and nearly insoluble in alcohol.

4th. That the elimination of alcohol has continued actively for five, eight, and even nine or ten days although none was ingested during that time.

The following experiments show how small a quantity may be detected, and how soon, by the chromate of potash test:—

1. The writer, whose urine showed no traces of alcohol, previously to this experiment took half an ounce of alcohol diluted in Oj. water, on a full stomach. After one hour, passed, Oij. of urine, of which ℥ss. was enough to give a brilliant green with chromate test.

Experiment 2.—℥ij. of alcohol were taken in Oss. of water. In five minutes the urine gave colour reaction.

Experiment 3.—An ounce of whisky = nearly ℥iv. alcohol,

was diluted with Oss. of water, and drank at 10 p.m. During the next twenty-four hours, about Oij of non-alcoholic fluids were taken. At the end of that time alcohol was still detected in the urine.

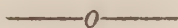
Experiment 4.—Two glasses of sherry = (3iv alcohol, at furthest), was drunk on an empty stomach. Thirty-six hours after, the urine still gave traces of alcohol to chromate test.

Experiment 5.—A pint of beer = ($1\frac{1}{2}$ —2 oz. alcohol) was taken on a full stomach. Alcohol was detected twelve hours after with great ease, and faint traces of it for twenty-four hours.

In all these cases, no alcohol had been taken for some days before. The urine was invariably tested beforehand, and counter-tests for sugar, albumen, &c., duly made; the kinds of food taken, the exercise, and mode of life were alike in each case. Some variations in *time* of reaction are accounted for by the kind of beverage drunk, and also by variations in the excretion by skin and bowels.

Those who have done me the honour to read thus far will have seen that so small a quantity as 3ij. of alcohol was detected in five minutes in the urine, and that double that quantity was not eliminated in thirty-six hours. In conclusion, I would remark that in *habitual* users of these beverages, the colour-test and distillation furnish less satisfactory results than in temperate persons, or abstainers, who suddenly ingest alcohol. This may arise from the alcohol being eliminated by other channels, or less perfectly eliminated.

It is certain that dropsical effusions frequently contain alcohol (by osmosis probably). The secondary effect of alcohol appears to be invariably a great fall in temperature. Does this explain the use of wine in febrile disease? An interesting question, which at present must only be answered with hesitation; but I incline to believe in the affirmative.



On the Essential Characteristics of Life and Health, and the Unity of Type of all Diseases. By EDWARD HAUGHTON, M.D., B.A., Great Malvern.

THE usage of the same word to express different ideas is, according to Locke, a very fertile source of human error; and it is quite possible that one of the chief difficulties which attach to the study of Biology arises from this very source; for we find that the word "life" is popularly used to signify not only the act of living, but the capacity for or capability of living; so that, in order to be scientific and at the same time intelligible, when dealing with this subject, it is necessary either to speak of

two kinds of life—viz., *active* and *passive*, or to make the word life synonymous with vital activity, and to include under the general head of vitality (or capability of being made alive), the inactive condition of seeds, eggs, frozen batrachia, and animals whose animation has been suspended.

That there is such a thing as vital force is generally admitted, (though some have been sufficiently eccentric to deny even this), but there is the most widespread confusion of ideas made apparent when the question is asked, "from whence does it come?"

One answers "from the vital principle!" Another that "it is electricity"—a third that "it is heat"—and a fourth that "it is chemical action."

All of these answers, however, are most unsatisfactory. On the first supposition, how are we to explain the phenomenon of suspended animation?

May it not be asked, in such a case, has the vital principle been first annihilated and then brought back again? And, we observe moreover in some of the lower animals (as the hydra, the earth worm, or any common winged insect) that life may continue for a long time after the body has been cut in two, or when decapitated. Nay, in either of the first cases we observe that two animals are the result of the division; but it would be absurd to speak of the vital principle as having been cut into two portions.

Various definitions of life have, from time to time, been proposed, but none hitherto accepted; doubtless because they all express either too much or too little. Some of them are absurdly long, and, without detailed explanation absolutely unintelligible. Indeed, so utterly useless and pedantic are some of them, that it would not surprise me if one who had some conception of the nature of life before hearing them should regard the subject as absolutely incomprehensible after having heard them.

It is not my intention to add to the number of those already in existence. It may be sufficient to observe that it must be difficult indeed to understand the nature of "a thing" which turns out not to be "*a thing*" at all! and this must be the case with respect to life whether we regard it as a condition of the organism, or as a series of phenomena. There is perhaps quite as much difficulty in clearing our minds of false conceptions and preconceived notions respecting familiar occurrences as there is in arriving at true scientific ideas concerning them.

To say (as has been maintained by a very eminent physician) that life is "reproduction," is to ignore its existence whenever it does not attain to that function. To say that it is "renewal" is to ignore life in morbid conditions when no renewal takes place. Indeed, the talented gentleman who maintains this doc-

trine, calls his book "The Renewal of Life;" truly a more hopeless problem than that of seasoning salt which has lost its saltiness; for, if renewal needs renewal, wherewith shall it be renewed?

Neither is it correct to say that life is "waste," nor "nutrition" (as has also been said), nor any one function alone, not yet all the functions taken together; for this would be equivalent to saying that unless they all are simultaneously in action there is no life.

Perhaps Mr. G. H. Lewes's short definition, "the dynamical condition of the organism," will answer practical purposes as well as those more highly elaborated ones which speak of "composition and decomposition both general and continuous, &c."

The main point to be understood is, that when we speak of life we imply the existence of a special organism in which there is generated and distributed a certain force to which physiologists have given the name of nervous or vital force, on account of the peculiar circumstances under which its manifestations take place.

It is surely a reasonable supposition that whenever action of any kind takes place it is effected by the expenditure of force, or power of some kind or other; and that when we observe that a particular kind of force ebbs and flows, as it were, in respect of quantity, the source from which it comes cannot be uniform, and must itself be susceptible of variations.

It may not be easy to establish the connection between the affinities that bind together the elements of the food which nourishes our bodies and the forces by which we think, and feel, and move; but it is certain that such affinities represent real force rendered static by combination with matter, and that it must take some new form when the connection is dissolved.

Observation proves that such connection is dissolved in the body; that matter sinks in the scale of organisation when any tissue is disintegrated, and that force is thus liberated and takes a new direction.

Contrariwise, when flesh and blood are in process of formation an extra quantum of force is required for combination with matter already organised, to raise it still higher in the scale of organisation, and thus store up in the body a reservoir, so to speak, of power in a condition of static equilibrium.

If this view be correct, a small amount of tissue highly organised really requires for its elaboration a large quantity of food, or less complex organic matter; and nervous tissue, in particular, cannot be formed without the previous disintegration of a very large quantity of ordinary aliment, and the rendering latent or static of a considerable amount of force previously uncombined.

How matter can be combined with force or separated from it under nervous influence we do not know,—perhaps we never shall know ; but it is not, after all, one whit more inexplicable than the laws of electrolysis or the combinations effected between certain gases under the influence of light, heat or electricity.

If we take a general survey of the animal and vegetable kingdoms, we observe one grand distinction which (whatever the apparent exceptions) may be considered as being universal—viz., every animal has one or more ganglia with nervous filaments attached, or something which may be called a *nervous system* (though this cannot always be visibly demonstrated), whilst no vegetable has true sensation or voluntary motion.

This is the first great truth in physiology ; and the second, in the order of importance, is that it is by and through this nervous system that life exists as a presiding unity in any animal.

The blood has two great offices in the body. It is “the life of the flesh,” or the pabulum from which the tissues are directly formed ; and it is also, in a certain sense, the death of the flesh, the cloaca maxima into which the living tissues eject their effete particles before they can be taken up by those special emunctories whose function it is to thrust them out of the body. This is the reason why blood so rapidly putrefies, and why all wise legislators have endeavoured to discourage its use as human food, especially in time of pestilence.

The blood has a life peculiarly its own, and so has each organ of the body : and innumerable observations and experiments show us the life of the organs continuing after animal life, properly so called, is extinct. A human head separated from the body (as has not long ago been shown in the case of a French criminal), will contort its muscles, wink its eyes, and exhibit various emotions for one or two hours after life, as a unity, is extinct. The temperature will sometimes rise, and the hair and nails grow most perceptibly on human bodies for some time after death ; whilst in some of the lower animals the heart will actually continue to beat for a considerable time after it has been removed from its anatomical relations.

All this, however, only proves that although there is sympathy and subordination of function throughout the nervous system, yet each organ may obtain a supply of vital force from the nervous tissue in its own vicinity, and can thus act independently under peculiar circumstances.

Besides this there is the well established fact that ordinary nerves are more than mere conductors, and can themselves generate or evolve nervous force so long as they continue to receive their own proper nourishment. *Vide* G. H. Lewes’s “Physiology,” vol. ii., page 17.

In the ganglionic or sympathetic system we see a unity of organic life independent of the power of volition or consciousness properly so called ; yet supplying to each organ an amount of nerve-force varying with its necessities, and performing automatically the complicated problem of how to increase or diminish the generation of vital force as required, and how to give to every organ exactly what it requires at the time without robbing the others of their usual and necessary supply. But not only is nervous force the great agent by means of which the functions of life are carried on, *it is also the agent by which all morbid action goes on.* If heat be abstracted from my body too rapidly and in too great quantity, it will be sure to disturb the equilibrium of health in some way or other ; but it will depend altogether on the way in which the nervous system reacts what disease will be produced. I may have, as a consequence, simple coryza, bronchitis, rheumatism, pneumonia, or even typhoid fever. But all these diseases are only manifestations of vital resistance against an abnormal abstraction of heat from the body faster than it could be generated. Some portion or portions of the body during that period must have received less than the amount of heat necessary for the due performance of their functions, and the fever set up by the nervous system is, at first, nothing more than an endeavour to counteract this deficiency. .

In like manner all foreign bodies and medicinal substances produce certain reactions in the body, not so much by virtue of force which they bring into or communicate to it, as by giving a certain direction to forces already existing in it, and which are lost or wasted in reacting against them.

That certain affinities may be brought into action by, or set free from chemical agents under the influence of nervous action is true, but that medicines cannot act at all except on *living* bodies is also true ; and, moreover, the results which ensue on taking them into the stomach are evidently in many cases quite inexplicable on the hypothesis that all the force expended was contained in the comparatively small amount of drug actually employed.

It is equally manifest that alcohol brings no force into the body, which is sufficient to account for its effects ; and it is well established that in most cases it leaves the body without having undergone any appreciable change in constitution. We must, therefore, suppose that under the influence of vital stimuli the nervous currents flow more rapidly for a time at least, and are also liable to be altered in direction, an hypothesis which, if true, accounts for the fact that opposite effects are sometimes produced by the same drug when employed under apparently similar circumstances.

This view of the case also accords with the well-known fact

that any or all functions may be violently and continuously influenced by mental causes, or by the mechanical irritation of certain nerves, as may take place from fright, anger, or traumatic tetanus respectively. It is, therefore, much nearer to the truth to say that when unassimilable substances are swallowed, the body expends a part of its force in acting upon them, than to say that they bring into it a medium of force to assist in its operations.

Let us now see what analogy there is between the fundamental principles of physical science and the laws which govern the evolution and distribution of nervous energy in the human body.

We have already seen that life implies the existence or rather the evolution of a certain force in a continuous manner, yet is not itself that force whose existence it implies; it is rather that state or condition of the organism which is characterised by the operation of nervous force or energy, whatever be the function performed, and whether connected or unconnected with a state of consciousness or volition. Upon what, then, does healthy life depend, and what are its primary characteristics?

Let us take the three elementary ideas of *Power*, *Time*, and *Proportion*, and apply them to the formation of an analogy.

The human body is a complex piece of mechanism—a microcosm of marvellous arrangements. Man may imitate some of the simpler contrivances which he finds in it, but in the more complex ones he can only clumsily imitate and follow slowly in the wake—“*proximus sed longo intervallo*.”

There are in the human body hinges that oil themselves, a steam-engine (or more accurately a caloric engine) that regulates its own evolution of power and supplies itself with fuel. A laboratory where wonders are performed that the chemist cannot imitate, and a system of telegraphic communication which needs no superintendence—does not go out of order, and will, in many instances, continue working without intermission for three score years or even much longer, if not placed in conditions which are totally opposed to the principles of its construction. These analogies have probably been thought of before, but it does seem strange that no one heretofore has suggested the essentials of almost all complicated machinery as finding their best exponent or illustration in the living body.

In a clock, a telegraph, a mill, or a steam-engine, the *first* thing sought for and *required* is a *sufficiency* of *working power*.

But power alone is not enough; if it be badly distributed the machinery will soon come to a stand-still. The *second* essential is therefore *proportionate distribution* of power.

Thirdly, it is necessary that the power upon which the movements of a machine depend should be supplied *with regularity*, and not in sudden gushes followed by comparative inactivity.

This would be at once to stop the work and to injure the machinery if continued beyond a certain length of time. In the case of a living creature, this regularity in the supply of force to each organ, and the consequent regularity of function which it produces we shall call *organic chronicity*.

Here, therefore, we have in the primary essentials of machinery the ultimate characteristics of healthy life; and, in order to get a clear conception of the nature of disease, it is only necessary to suppose that one or more of them is absent; for, as darkness is best described as the absence of light, so disease is most philosophically regarded in its negative aspect.

To put the idea into plain ordinary language which everybody can understand, *disease* is not itself something which has got into the body and must be expelled from it, but *rather the loss of balance in the nervous system, depending upon, or accompanied by, insufficiency in the amount of nervous force generated within a given time, and irregularity in its intervals of action and repose*.

Although it is quite true that substances which *cause* disease often accumulate in the body, or are ingested from without; yet *morbid action* itself is generally either the effort of nature to expel noxious substances, or may be regarded as vital resistance against changes calculated to derange the organism; and, being unattended by the necessary conditions of renewal, must be directly productive of *lowered vitality*, and its natural consequences *irregularity of function* and *loss of balance in the distribution* of nervous energy.

Thus we arrive at *one universal type of all disease*, by whatsoever name it may be called, or howsoever varied the symptoms by which it may be attended. The type of health is also three-fold as we have seen, having three manifestations perfectly distinct, yet really inseparable, so that each may be said to imply the existence of the other two. Thus, when there is nervous equilibrium or proportionate distribution of nervous force, we may assume, *à priori*, that there is a sufficiency of vital power and regularity in the periodic times of the functions, and *mutatis mutandis*, when the organic chronicity is perfect we may be quite sure that sufficient vital force is evolved, and that every part of the body receives a due share of its influence.

In disease, on the other hand, we do observe in the commencement local want of regularity before its effect upon the system at large *has become perceptible*, and in some cases we can distinctly trace both functional irregularity and diminished working power to a faulty distribution of nervous energy, arising from excessive mental labour, or the influence of the various passions.

But when fully established, in every case of disease there are three primary conditions or essential characteristics, and these

three are indissolubly and inseparably connected with each other.

It is the province of great truths to harmonize and to explain those minor ones with which they may be brought into contact, whilst false generalizations, on the contrary, are immediately detected by their incompatibility with numerous observed facts, or are soon exposed by their manifest inconsistency with the progress of knowledge. So many, indeed, have been the fine theories which have been confidently brought forward and then abandoned for ever as altogether useless and untenable, that it has become the fashion to decry everything but observation, and the limited experience of individuals is actually represented as more trustworthy than the accumulated records of two thousand years. Great, however, as are the advantages of experience, and valuable as is the registration of experiments, it is evident that without a foundation there can be no lasting superstructure, and that no use can be made of the most valuable treasures if buried under a weight of superincumbent rubbish, and thoroughly intermixed with useless lumber.

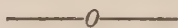
We have already seen by referring to first principles that the very highest condition of life, the most vigorous development of health, is that state in which the death of the particles of the body is most rapid and continuous; for the very force which we make use of in willing, reasoning, and perceiving, is primarily derived from the chemical union of the tissues with oxygen, which has been compared by Baron Liebig to the falling weight by which the works of a clock are kept in motion.

We know, indeed, that chemical action is modified by nervous influence, and that vital force, heat, and electricity may be generated as a result of chemical action within the body; but we cannot tell the exact manner in which the vital force is produced. All we know is, that the force which lifts high into the air the ponderous branches of a mighty oak was not contained in an acorn, and that in like manner the various forces which are generated within the bodies of animals previously existed in the form of chemical affinity between the elements of the food and drink made use of, and the gases ingested through the lungs and skin, so that we may consider it as certain that there is no internal *source* of power within any living organism, and that the vital force is correlated with (although quite distinct from) the other forces of nature. Those who wish to investigate more thoroughly this interesting subject, would do well to study what has been written upon it by Professors Carpenter, Draper, Laycock, Le Comte, and others, whose researches have made it abundantly evident that the body derives its working power altogether from without, and that both bodily and mental processes are correlated with the natural agencies of light, heat,

electricity, chemical affinity, mechanical force, and perhaps even gravitation. The works of Rumford, Grove, and Tyndall have also done much to expand our ideas upon this subject. Upon the *practical* application of these truths not only volumes but libraries might be written, for none of the discoveries of Newton has so wide an application as the doctrine of "*the conservation of force*;" nor has the mind of man ever conceived a grander idea in connection with external nature than this, that not only has no particle of matter ever been destroyed, but no force has been lost since the creation of the world!

One practical consequence of the reception of the above truths must be the bestowal of greater attention upon physical agencies as modifiers of the functions of the human body in health and disease. The effects of temperature and friction in connection with animal electricity will be more studied and better appreciated; and above all, the nervous system will be recognised as the indispensable medium of all vital action, whether normal or otherwise; of all pathological change, and of the operation of all remedies properly so called, whatever may be the tissue which has been altered, or whatever the nature of the remedy or the manner of its operation!

Finally, it may perhaps be of use to have a recognized formula which enables us to realize, under all its varied phases, the essential nature and typical unity of morbid action with its diminution of *aggregate* power, its loss of nervous equilibrium, and its alteration of functional chronicity. Such knowledge, indeed, will not make a physician; but when it becomes general, it must save many lives, by exposing the empiricism of all exhaustive or heroic medication, and by producing a greater respect for the operations of nature.



On the Nature and Treatment of Lupus. By SAMUEL PURDON, M.D., L.R.C.P., Edin., L.R.C.S.I., Physician to the Belfast Dispensary for Diseases of the Skin, &c.

I SHALL include under the name of Lupus, both the *exedens* and *non-exedens* of authors, which Willan places in his order *Tuberculæ*. At present it is a disputed point under what heading this malady should be classified, so that I think we cannot do better than to leave it in this place.

This disease frequently occurs in strumous individuals, and has been looked on as one of the manifestations of external scrofula. Alibert has described a *serpiginous* form of lupus,—that is when the disease spreads superficially, but when deeper structures become involved he has applied the name of *terebrans*;

again we have a *lupus erythematosus*, and lastly Mr. Hutchinson in the *Medical Times*, vol. ii. page 305, has given us a description of a Rodent Ulcer, which I think ought to be considered as a species of lupus. For all practical purposes, the terms tuberculated and non-tuberculated are those I shall adopt in the following brief remarks.

Lupus principally attacks the face, neck and chin, but it is occasionally met with on other parts of the body. Last month (December) a boy, aged seven years, was admitted at the Dispensary for Skin Diseases here, suffering from tuberculated lupus of the nose, elbow of left arm, and internal side of right thigh.

One of the most frequent pathological changes observed in this disease is engorgement of the capillaries arising, no doubt from inflammatory action; in some cases the margins of the diseased surface are thickened and harder than natural, from subcutaneous infiltration. In the tuberculated variety the morbid product deposited in the derma usually softens, and eventually ulcerates, and from the pressure of this the sensibility of the skin is impaired. When cicatrices are formed, deep pits and depressions are frequently left, and the skin seldom regains its natural colour.

Lupus has been attributed to a scrofulous constitution, as also to syphilis transmitted through many generations. Some dermatologists have considered this affection as a cancer of the skin, but I am inclined to look on lupus as an intermediate state between external scrofula and cutaneous cancer.

In the early stage tuberculated lupus may be mistaken for acne, but in acne the sebaceous glands are affected, this being rarely the case in lupus. In acne also there is usually derangement of the digestive organs, and in females the catamenia are often irregular. A tuberculated form of syphilis is very liable to be mistaken for lupus, but then we have the previous history enlargement of the posterior cervical glands, and other constitutional symptoms to aid us. Rayer remarks that the solitary tubercles of lupus exedens might be mistaken for small sanguineous tumours, but in the present state of medical science such an error is hardly possible.

I have on several occasions remarked a peculiar husky tone of voice in persons the subjects of lupus, and this curious fact is not described in any work on cutaneous medicine that I have read.

The prognosis is very unsatisfactory, the disease being usually tedious. The treatment may be divided into local and constitutional. As regards the local treatment, Bielt used the acid nitrate of mercury, Alibert the solid nitrate of silver, Dupuytren calomel and arsenic sprinkled over the diseased surface after removal of the crusts, Sir A. Cooper an ointment composed of

arsenic and sulphur (ʒj.) mixed with an ounce of spermaceti ointment. Mr. E. Wilson prefers the acetum cantharidis, and Mr. Startin a solution of the nitrate of mercury in nitric acid, and after the application of this, he covers the affected surface with collodion. To my mind, the great objection to these powerful caustics is, that they (with one exception, nitrate of silver) excite such a degree of inflammation that the adhesive process cannot be established.

Sending the patient to the sea-side is often beneficial, and I am at present attending a patient in whom lupus exedens made its appearance about four years ago; the medical man then attending him ordered him cod-liver oil and sent him to the sea-side for six months, when he returned convalescent. About two years since the disease made its appearance again near to its old site.

The internal treatment has been much insisted on by authors. Mr. Hunt looks on arsenic as a specific; the chloride of barium, iodide of potassium, cod-liver oil and Donovan's solution have also been recommended.

The method that I adopt for the cure of lupus is as follows; after removal of the crusts by means of a poultice, I put the patient under the influence of chloroform, and completely cauterise the affected surface with the solid nitrate of silver; it will not do to mere'y rub the caustic over the diseased surface, but it must be pressed, so to speak into each separate tubercle (if it be the tuberculated variety). After the operation is completed, water dressing is to be applied for twenty-four hours, the disease eventually healing without any other external treatment. An opiate on the evening following the operation is extremely useful for procuring sleep and allaying pain.

During the healing process, cod-liver oil and the tincture of the perchloride of iron are the medicines that I use.

In conclusion, I am happy to state, that lupus is rather rare. Mr. Milton records nine in 1,000 cases, and Mr. E. Wilson gives the average as twenty-four in 1,000. In 1,016 of Mr. Startin's hospital cases I find sixty mentioned. At the Glasgow Dispensary for Skin Diseases, out of 1,204 cases admitted during the year 1864, thirteen, and out of 300 cases admitted of skin disease under my care at the Belfast Dispensary, only five, cases occurred.

On Hypodermic Injections. By H. BEIGEL, M.D. Berlin, L.R.C.P. Lond., &c. ; Assistant Physician to the Metropolitan Free Hospital.

(Concluded from page 17.)

THE number of diseases suitable for the treatment by hypodermic injections is very great, but the classes in which, as far as my experience extends, we are able to assure the patient of his being cured, with a probability near to certainty, are the nervous and rheumatic affections, or those diseases which require the application of morphia. I am quite aware of the importance of the statement just made, but I have given a fair trial to the hypodermic method, and feel myself in duty bound to communicate what I have experienced. Since medical science has been practised not one remedy has been known, on the effects of which could be placed such a firm reliance, as in that of morphia hypodermically administered. In fact, any disease connected with pain will derive from it either temporary or entire relief. The importance of this fact is the more obvious, as in many nervous diseases, in which the action of morphia was most desirable it failed to be of service when given internally or even when endermically applied. I remember several cases of hysteria in which the patients took from one to five grains of morphia, when the agonies during the fits were unbearable, without having the slightest alleviation. In a case of tetanus, in a lad of seventeen, three grains of morphia were endermically used without causing the least effect. Similar results have been published by different authors.

But, instead of praising hypodermic injections, I will at once let facts speak, and proceed to report on some cases which I have treated hypodermically in the Metropolitan Free Hospital.

I. LUMBAGO.

This disease is extremely common amongst working people, and though it is not a serious illness, yet it is generally of such a vehement character as to prevent the patient from earning his daily living ; I have had a very great number of patients of this kind, who for weeks and even months had unsuccessfully tried domestic and other remedies, but expressed their utmost gratitude when, after a few injections, they were not only rid of the pain, but able to go to their usual work.

CASE I.—*Lumbago ; no result by other treatment ; cured by one injection.*—James Nells, a well-made labourer in the docks, of twenty-three years of age, was attacked six months since with severe pain in the lumbar region, which, in the last three days,

had so much increased, that he was obliged to leave off work and seek for medical advice. If the patient tries to stoop pain becomes excruciating, and is so tormenting during night that he has not enjoyed a night's rest for a very long time. Bowels rather confined, appetite pretty fair, all other functions regular; no inconveniences in the chest, no palpitations of the heart, which, on physical examination was shown to be unaffected.

This patient came on the 2nd of November, 1865, under my care, and was ordered to take an aperient, and to use the liniment of belladonna to the affected part.

November 7th.—No alteration; a dose of morphia at bedtime; the liniment to be continued.

On the 22nd of November and 6th of December, when I saw the patient, no alteration had taken place, and some stronger liniment was ordered; function of bowels regular.

On the 13th of December no alteration; hypodermic injection of one-fourth of a grain of morphia; no medicine, no liniment.

December 20th.—The injection just mentioned was made on December 13th, at one o'clock p.m.; when the patient got home he vomited, then became sleepy, and enjoyed a good night's rest, and when he awoke next morning was glad to perceive that all his pain had disappeared. The day following he went to work, and came to-day to express his gratitude, and to assure me of his perfect good health.

CASE 2.—John Daggon, twenty years old, dyer; for eight days has felt very severe pain in the lumbar region; during the last three days the pain has so much increased, that the patient could not get any sleep; headache; no other symptoms.

December 27th, 1855.—Morphia was injected, one-fourth of a grain; no other remedy.

December 30th.—No inconvenience after the injection; pain had disappeared after a few hours, and did not return.

CASE 3.—James Collins, fifty-four years old, waterman; he is, by the nature of his business, at night exposed to damp, wet weather; but had never suffered as he had done for about a week past. He has great pain on the lumbar region, whence a sensation arises as if an iron bar were put around the stomach. The patient is entirely unable to move when in bed, and when up he cannot bend his body in order to lace his shoes; has been obliged to leave off work. Appetite middling, bowels not very regular, sometimes acting only every other day.

On the 27th December an injection of morphia (one-fourth of a grain) was made; no other treatment used.

December 30th.—Some giddiness after injection, but pain had subsided after a few hours. The patient had slept well during the whole night after the injection, and on the following morning had gone to his work.

II. RHEUMATISM AND SCIATICA.

CASE 4.—Edward Clark, forty-two years of age, labourer, bachelor, had, when a child, typhus fever, but has been in good health since that time. Eight months ago he perceived a gnawing pain on the calf of his right leg and in both knee-joints, without being able to account for it. Before a fortnight had elapsed, all his joints and around his neck, became affected, and he was unable to leave his bed. After another fortnight he was received as an in-patient into Guy's Hospital, where he remained for seven weeks, and although not cured he was discharged in such a condition as to be able to move about. His residence was a mile distant from the hospital, and he could only get that distance in two hours; has never been well since.

On the 15th November he was admitted an out-patient at the Metropolitan Free Hospital. He is an ill-nourished, slender, pale-faced man, and can scarcely move, for pain in the joints; if he tries to stand on one leg he is able to lift the other a few inches only; movements in the elbow-joint impossible; the arms can, with great pain, only be slowly raised to a level position whereby the forearms remain bent on an angle. For months past he has gone to bed at 4 or 5 p.m.; he sleeps till about 9 o'clock, and is then roused by the vehemence of the pain in the shoulders and knees, and cannot get any more sleep during the whole night. His head is free from pain; it is highly painful to the patient to stoop.

Examination of the chest shows normal conditions, with the exception of the sounds of the heart and the aorta, which are rough, and not very distinct. Appetite fair, action of the bowels regular. Injection of one-fourth of a grain of morphia.

November 16th.—The patient felt sleepy after the injection, and slept till midnight; the pain has diminished; the injection was repeated.

November 18th.—Patient narrates with great joy that last night was the first for months which he entirely spent in sleeping. When he awoke in the morning he felt no pain. Walks much better; is capable of raising his hand to his head, which he was unable to do during the whole time of his illness. The prospect that he will be able to gain his living by work inspires him with hope. Repetition of the injection.

Up to this day (January 15th, 1866), the patient has not appeared again at the hospital, which leads me to believe that he is tolerably well; people of this kind very often discontinue their visits to the hospital as soon as they are able to get to work.

CASE 5.—Daniel Cocklin, cattle-driver, twenty-seven years of age, bachelor, is, by the nature of his business, liable to be ex-

posed to sudden changes of temperature, to cold and wet atmosphere. He has been six years in that trade, and eighteen months ago was first attacked with rheumatism of the left shoulder. He remained free from this complaint since his first attack which lasted a few days only, till two months ago, when his head and neck were affected with rheumatism, that pain still exists, and the face, eyes and throat have also become involved, so that the patient cannot sleep, otherwise nothing ails him; appetite fair; bowels act freely; pulse is regular; heart-sounds normal.

December 8th, 1865.—Admitted as an out-patient of the hospital. Injection of morphia (one-fourth of a grain).

December 9th.—Was sleepy after the injection and slept during the whole night; no pain continues, except a slight one in his left eye-ball. Repetition of the injection.

December 15th.—Patient merely came to say that he has not felt the least inconvenience since the last injection.

CASE 6.—James Townsend, mason's labourer, forty-two years old, married. For twelve years had now and then been subject to rheumatic pains in the leg, but never in such a high degree as to disable him for work. In the last three years the pain appeared in his right leg, and for three weeks has settled there; he is never free from pain, which is relieved by heat, so that he feels better in bed during night than during the day. No affection in any other part. The pain seems to originate from the middle of the right glutei muscles, runs to the knee, and thence to the foot; the disease being, therefore, a pure case of sciatica.

December 13th, 1865.—The patient came under my care at the hospital, and was treated by an injection of one-third of a grain of acetate of morphia.

December 15th.—Slept after the injection yesterday for a few hours. No pains till the evening, when he went from his work to his home, a distance of about two miles, and the pain returned with great vehemence. Repetition of the injection.

December 16th.—Walked home yesterday, from Bishopsgate street to Lambeth, without inconvenience. Has felt slight pain in the leg for an hour. Injection repeated.

December 18th.—Not the least pain after the last injection, no inconvenience when going to or from home. Injection of one-fourth of a grain of morphia.

December 20th.—Patient expresses his wish to be discharged as he feels better than he has done for years. I complied with his request recommending him to come to the hospital as soon as he feels the slightest inconvenience. Up to the 18th January, 1866 he has not made his appearance.

III. NERVOUS AFFECTIONS.

CASE 7.—*Pruritus senilis*.—George Grant, a coalwhipper, fifty-five years old; six weeks ago he perceived an intense itching of both legs, particularly of the calves. He was obliged to scratch until the little pimples which had formed in great number on the skin began to bleed, which was followed by relief. Sleep made no difference, and sometimes he awoke covered with blood. In a few days the same condition had spread over the whole body. For some days he has now been free from itching, but as he gets warm in bed the sensation seems unbearable; the more he then scratches, the greater seems to be the itching.

December 6th, 1865.—He was admitted an out-patient of the hospital. The skin bear marks of the scratching in every direction. Injection of one-fourth of a grain of morphia.

December 8th.—No inconvenience after injection, but very great relief; for the first night, since the beginning of his complaint, he slept without being forced to scratch. Repetition of the injection.

December 17th.—No recurrence of the former state; patient is perfectly free from irritation, and wishes to be discharged.

CASE 8.—George Hyams, an upholsterer, eighteen years old, has suffered for one month from an intense and very troublesome attack of *prurigo*, which, as in the former case, is tolerable at day time but unbearable during night.

December 23rd.—An injection was made with morphia (one-fourth of a grain) and no return of the itching has occurred since that day. This is the more remarkable as every practitioner knows how obstinate cases of *prurigo* generally are to every kind of medicine applied both through the stomach and locally to the skin.

CASE 9.—George Heggs, labourer, forty-four years of age, married, has enjoyed good health until a recent period. Three weeks ago he felt a very severe pain, restricted to a part of the left forearm. The pain appears to originate in the elbow, runs along the back of the forearm, and terminates around the wrist so that movements of the latter are extremely painful. Pains greater in the night than during the day, and, therefore, he has no sleep.

December 6th, 1865.—The patient came under my care; can exercise a slight pressure only with the left hand. Injection of one-third of a grain of morphia at the elbow.

December 8th.—No inconvenience after injection; slept during the whole night; slight pain only exists in the wrist; no pain in the forearm. Repetition of the injection.

December 14th.—No traces of the former pain, and a strong pressure can be exercised with the hand. Patient discharged.

CASE 10 shows the beneficial influence of hypodermic injections in mental diseases, if not dependent upon lesion of the brain or spinal chord. In this, the mental part of diseases, I consider the injection to be of invaluable influence when mania or other nervous or mental excitement exists.

The patient, John P. (whose full name I think should be concealed, owing to the nature of the disease), is forty-six years of age, a cabinet-maker, and father of three children. His father was temporarily insane, and was several times conveyed to an asylum; from what disease he died, is not known to the patient. Seventeen years ago the patient was very much alarmed by the death of two of his children, but was still more occupied by religious differences with the Methodists, from which sect he seceded about this time. His mind was so much engaged in thoughts of this kind, that he could not do half the work he used to do. In such a condition he remained for four months, but after this he became again as quiet and composed as he had been before, and he remained so until last October. But he could never resist the temptation to discussion on religious matters, by which he used to become much excited. One day in October his employer fell ill, and the patient's little daughter made the remark: "Father, should Mr. E. die, then you will be without employment." He laughed at the observation, but during his work began to think over it, and was seriously disturbed about that question, until after the lapse of five weeks, when Mr. E. was restored to health. But at the same time a complication of mental and nervous phenomena took possession of the patient's mind, and never left him for one moment. All his ideas culminated in care for the future, lest he should not be able to earn his living by his work; his prospects seemed very serious to him, and he dwelt gloomily on the fate of his children. He does not sleep well, has a sensation as if he would fall through the bed, and when he opens his eyes the dark images of unhappy futurity stand before him and torment his mind. No hallucinations, nor other abnormal sensations; has always been very moderate in his habits, never indulged in drinking nor other excesses.

December 6th, 1865, this patient came under my care; he is tall, lean, visible mucous membrane rather pale; his look is staring and wild; he narrates the history of his disease rather circuitously, is generally prone to talk much. On religious matters he speaks very fluently, and knows the doctrines of the different sects. He likes particularly to treat on transcendental points both of religion and philosophy, but his way of reasoning is confused, and proves that he has read much but digested

little. As soon as he gets excited his forehead becomes very hot, but is cool again when he is composed and quiet. His pulse beats regularly seventy-two times in a minute, is full and even; now and then he feels pains in the back, but the bowels have always acted well, till their functions became in some measure irregular three weeks since. An aperient was ordered for him.

December 8th.—The bowels have acted well, but there is a change in the condition of health. An injection of morphia (gr. $\frac{1}{3}$) was hypodermically administered.

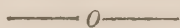
December 9th.—Retching and vomiting ensued after injection; the patient states that he feels stronger to-day, and has more energy. Repetition of the injection.

December 11th.—He says that his attention to his work seems to become greater than the trouble about the future; he is mentally more collected, and feels much better than he has done for a long time. Thinking of the future he is more able to voluntarily avert his mind from that point, and to rest satisfied with his entire inability to change events if they should happen to him. He is much more capable of doing his work than he was the whole time, and metaphysical controversies are of much less interest to him than they were a few days ago. His spirits are not at all depressed. Repetition of the injection.

December 13th.—After the last injection, retching, but no vomiting. Has worked all the time, feels as well as he ever did, wishes to be discharged, but asks permission to call as soon as he should perceive any alteration in his health. Up to the 18th January, 1866, he has continued well. In conclusion, I may be permitted to make the following remarks:—The cases just reported on have been taken indiscriminately out of a great number which I have treated, and of which I possess records. Amongst these cases are epileptic and very severe nervous diseases, which have speedily been checked by means of hypodermic injections. I intentionally do not use the term “cured,” as I intend to publish these cures after a lapse of time, so as to be enabled then, if the affections should not recur, to apply that term. Many of those cases had been for years under constant treatment, and though no benefit had been derived from previous treatment, they yielded to a few injections.

I should not like to conclude this paper without calling the particular attention of the profession to the influence of injection upon that disease, which has been called in ancient times “*Morbus sacer*,” not only from its nature, but also from its inaccessibility to treatment. If there exist any patients who have a right to rejoice in the invention of the method I have just described, it is the large number of those unhappy creatures who are afflicted with epilepsy.

Should these cases of epilepsy which I have treated by injections really prove to be "cured," medical science would gain a triumph greater than it ever did. But even if all cases should unhappily relapse, we should possess in hypodermic injection a remedy which enables us to check the fits, or to reduce them either in force or in number, and so afford a relief to the patient which no kind of treatment hitherto has been able to bestow upon persons suffering from this affection.



THE HUNTERIAN MUSEUM.—A very interesting and valuable addition has just been made to the above unrivalled collection by the purchase, by the Council of the College of Surgeons of England, of a perfect skeleton of the Greenland whale, the *Balæna mysticeta* of Linnæus, better known in commerce as the Northern Right-whale. The specimen in question is that of an adult female taken at Holsteinsborg, in South Greenland, and transmitted thence to Copenhagen. It arrived in this country in excellent condition, possessing the whole of the vertebræ, even to the end of the tail, the hyoid and the rudimentary pelvic bones, wanting nothing in fact but three of the terminal phalanges. Perhaps no animal that could be named was so desirable as an addition to the museum. Although for a long period of years this particular species of whales has been destroyed in immense numbers by expeditions fitted out from various ports, until the species is threatened with speedy extermination, and although its osteological characters offer most remarkable peculiarities, no skeleton had ever been brought to England. The bones, as is always the case in these large cetaceans, contained much oil, but have so much improved in condition by the treatment they have received at the hands of Mr. Flower, the skilful articulator, that very little oil remains, and the huge animal is now securely supported on six iron columns in the lofty and spacious museum so peculiarly well fitted for the display of such large specimens. The anatomy of the cetacea was a favourite study of John Hunter, the founder of the museum, as evinced by his elaborate paper "On the Structure and Economy of Whales," published in the *Philosophical Transactions*, 1787, and by the valuable collections he made of their remains. The zeal with which Mr. Flower, the indefatigable conservator of the museum, prosecuted his search for this monster of the deep, and the success which attended his efforts, have been highly gratifying to the Council of the College, who spare no expense in extending this collection, on which upwards of £250,000 has been expended from the funds of the College.

REVIEWS AND NOTICES OF BOOKS.

Notes on Cholera, its Nature and Treatment. By GEORGE JOHNSON, M.D., Lond. F.R.C.P.; Honorary Fellow of King's College, London; Professor of Medicine in King's College; Physician to King's College Hospital. Fcap. 8vo, pp. 112. London: 1866.

It would appear that about ten years ago Dr. Johnson investigated the subject of cholera, and embodied the result of his labours in a work. But, as before its publication (in 1855) the epidemic had passed away, the work met (to use his own language) with "*singularly little notice.*"

Whether the present small treatise will add to the reputation of its author, or cause a demand for the former more copious details, we know not. The object of the present book is "to sweep away an erroneous theory with regard to the nature of cholera."

This theory, viz., that the collapse of cholera is caused by the purging and vomiting, is believed by Dr. Johnson to carry with it a mischievous mode of practice. He fancies that all medical men (himself excepted) are imbued with this idea and practice accordingly.

We are not aware with what theories regarding the nature of cholera the present generation of students are imbued, but we know that practical members of the profession who have seen cholera in its native climate, have views on this serious disease equally enlightened with those propounded in the treatise before us, although they may possibly not pin their faith so exclusively on castor oil as does this author.

His confidence in his own treatment does not, however, appear to be unlimited, for he says at page 40, "There is no known cure for cholera—there probably never will be; but as the cooling treatment of small-pox materially lessened the mortality from that frightful disease, so the general adoption of an eliminative treatment of cholera by means of emetics, mild purgatives, and copious draughts of water, would, I am persuaded, do much to lessen the mortality from this great modern scourge."

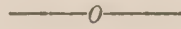
He would recommend patients in collapse to drink "hot liquids" to restore heat to the blood. He considers that hot saline injections into the veins act solely by their warmth relieving the spasm of the small branches of the pulmonary artery, to which condition he states the arrest of the blood in choleraic

collapse (in its passage through the lungs from the right to the left side of the heart) to be attributable.

With these views it is not surprising that he is disinclined to use ice either internally or in bags to the spine, as recommended by Dr. Chapman. Indeed, the theory of the latter meets with summary dismissal.

Some little courtesy, however, would not have been out of place when dealing with ladies, and we consider that Dr. Johnson has by no means enhanced the value of his book by mentioning disparagingly the exertions of an amiable woman during the recent cholera epidemic in Paris.

When it is stated that the lady in question used chlorodyne with apparent success, it is not surprising that our purgative author should be antagonistic to her more conservative practice.



On Wakefulness, with an Introductory Chapter on the Physiology of Sleep. By WILLIAM A. HAMMOND, M.D., Fellow of the College of Physicians of Philadelphia, &c., &c., and late Surgeon-General of the United States Army. Crown 8vo, pp. 93. Philadelphia: 1866. London: Trübner and Co.

DR. HAMMOND tells us that the basis of the present monograph is an essay on "Sleep and Insomnia," which appeared in the *New York Medical Journal* during 1865.

At the suggestion of friends, Dr. Hammond has materially enlarged the original essay. In its present shape it forms an exhaustive treatise on a subject of peculiar interest, and we feel grateful to Dr. Hammond's friends for having induced him to publish his views in a permanent form.

In this country the Directors-General of our Services no longer appear to belong to the Medical Profession, and we question whether their names even can be found in the Medical Directory. It is a happy augury for the future of the American Medical Department that an ex-Director-General is as distinguished in the practical walks of his profession as in the stormy paths of army administration, which in his case was rendered peculiarly arduous through a terrible civil war.

Among the physicians in general practice in England, "wakefulness" as a disease has not received much notice, but has been considered as more particularly appertaining to the mental specialists. Our temperate climate does not predispose to wakefulness as does that of America, India, and our colonies.

All medical men are sufficiently alive to the importance of wakefulness as a symptom of approaching "delirium tremens," but there are other causes of wakefulness besides the abuse of

intoxicating drinks, which hitherto have not had a place in our text-books on medicine. This blank has been filled up by Dr. Hammond. Speculation is certainly rife with us, and the fluctuations of the share and produce markets cause sufficient mental strain and anxiety to exhaust the mind and cause wakefulness even without a predisposing climate. But the volume before us is the result of an experience gained by Dr. Hammond in a time of excitement, speculation, and turmoil, such as the world does not often witness.

Dr. Hammond's work is divided into four chapters, viz. :—

- I. Introductory—Physiology of Sleep.
- II. The Pathology of Wakefulness.
- III. The Exciting Causes of Wakefulness.
- IV. The Treatment of Wakefulness.

From Chapter I. we take the following :

“ I think it will be sufficiently established, in the course of these remarks, that sleep is directly caused by the circulation of a less quantity of blood through the cerebral tissues than traverses them while we are awake. This is the immediate cause of healthy sleep. Its exciting cause is, as we have seen, the necessity for repair. The condition of the brain which is favourable to sleep may also be induced by various other causes, such as heat, cold, narcotics, anæsthetics, intoxicating liquors, loss of blood, &c. If these agents are allowed to act excessively, or others, such as carbonic oxide, and all those which interfere with the oxygenation of the blood, are permitted to exert their influence, stupor results.

“ The theory above enunciated, although proposed in a modified form by Blumenbach several years since, and subsequently supported by facts brought forward by other observers, has not been received with favour by any considerable number of physiologists.”

These remarks follow several painstaking experiments on dogs, with a view to determine the condition of the brain during sleep, and from which it is apparent that during sleep there is less blood circulating in the brain than during the waking hours. From Chapter II. we take the following interesting case of the active form of morbid wakefulness :—

“ A short time since a gentleman was under my charge in whose case the only deviation from health which could be perceived was an utter inability to sleep. Being by profession a broker, and passing his days, and a great portion of his nights, in the stock and gold rooms, during a period of great financial excitement, his brain had been kept so continually in a state of intense action that it was impossible for him, when he went to bed, to compose his mind so as to allow of sleep ensuing. Thoughts similar to those which were excited during his business operations were in full flow, notwithstanding all his efforts to banish them. Calculations were entered into, and speculations were constantly being formed with as great or even greater facility than during the day. Many of the latter were of the most extravagant character, a fact of which he was fully aware at the time, but he nevertheless found it impossible to refrain from indulging in them. All his other functions were performed with regularity. His appetite was good, he took a not inconsiderable amount of exercise, and he committed no excesses of any kind except as regarded his brain. When I first saw him he

had not slept a particle for six nights, although he had taken large quantities of brandy, morphine, and laudanum ; but beyond a slight feeling of confusion in his mind at times, and a little pain in his eyeballs, he experienced no unpleasant sensations during the day. As soon, however, as his head touched the pillow, and he tried to get to sleep, a feeling of the most intense uneasiness came over him, while at the same time his face and ears became hot and flushed. His mental faculties were roused into increased action ; he tossed restlessly from one side of the bed to the other, and by the time morning came he was thoroughly exhausted, mentally and physically. A cold bath and a breakfast of two large cups of coffee, beefsteak and eggs, set him up for the balance of the day, till he retired to bed, when the phenomena of the previous night would be repeated.

“In this case I conceived that the blood-vessels of the brain, from over-distension, had lost, in a great measure, their contractile power, and that a larger quantity of blood was, in consequence, circulating within the cranium than was normal. The vessels were therefore in a condition very similar to that of a bladder, in which, from the desire to urinate having been too long resisted, contraction cannot be induced even by the most strenuous exertion of the will. As the gentleman was of strong, athletic build, and otherwise in full health, blood-letting would undoubtedly have proved of great service ; but, for reasons which will appear hereafter, I determined to try a remedy less likely to do harm, and fully as capable of doing good. I administered thirty grains of the bromide of potassium at six o'clock in the evening, and repeated the dose at ten, directing him to go to bed half an hour subsequently. The first dose produced a decided sedative action, and the second was still more effectual in calming the mental excitement. When he lay down, his mind was not disturbed by a flow of thoughts, and he fell almost unconsciously into a quiet sleep, from which he did not awake till near seven o'clock the following morning. There were no unpleasant symptoms of any kind ; on the contrary, he felt strengthened and refreshed. The next night one dose was administered at about bedtime, which was also followed by a sound and invigorating sleep. No further treatment was given, as on the following night sleep came naturally.”

Dr. Hammond recognises two forms of wakefulness,—viz., the active and the passive. He says : “In primary insomnia there is always an increase in the quantity of blood circulating in the brain. This is either absolute or relative. In the one there is more blood in the brain than is normally present ; in the other, though there may be less blood than in health, the quantity has increased over the amount to which the brain has in a measure accustomed itself.”

The remaining chapters are devoted to the “Exciting Causes” and to the “Treatment of Wakefulness.”

For information on these points we must refer the reader to the volume itself, as it does injustice to Dr. Hammond to make fragmentary extracts from this important portion of his work.

Clinical Lectures and Reports. By the Medical and Surgical Staff of the London Hospital. Vol. II. Pp. 410, 8vo. London. 1865.

ALTHOUGH this volume of the London Hospital Reports is smaller than that previously issued, it is not inferior to it in point of value. We regret to miss from the list of contributors the names of some members of the medical staff, from whom articles appeared in the first volume, and we regret this the more, knowing as we do that, in one case at least, ill-health has been the cause of the void thus unfortunately created.

The first contribution is a short clinical lecture, by Mr. John Adams, on a case of dry gangrene, consequent on ulceration and occlusion of the femoral artery. The subject of the disease was a poor, badly-nourished woman, who had received a severe kick in the upper part of the thigh, about ten months previous to her admission into the hospital. This injury led to inflammation and abscess, and the patient was still further weakened by the great loss of arterial blood, which took place when the abscess burst. Gangrene then set in, commencing at the great toe, and extending thence to the other toes and the rest of the foot. The patient was in this state when admitted under Mr. Adams, who determined to resort to amputation, after her health had become sufficiently improved by nutritious food and tonics to enable her to bear an operation. The limb was removed at a point just below the knee; only one large vessel, the anterior tibial artery, required a ligature. Up to a certain time, the case progressed favourably, but the patient then began to droop, and died, apparently from sheer debility. Mr. Adams is in favour of amputation in dry or senile gangrene.

Mr. Curling makes some observations on the treatment of cancer of the rectum, in which he advocates the formation of an opening in the left loin. He believes that this operation possesses considerable advantages, by diverting the channel for the passage of fæces, and that the views commonly entertained of the difficulty of lumbar colotomy, its dangers, and the serious inconveniences of an artificial anus, are greatly over-estimated. In support of this opinion, he gives a tabular statement of ten cases in which the operation was performed by himself or his colleagues. Out of these patients, seven recovered from the operation itself, and lived for many months, dying eventually only from the exhaustion dependent on the cancerous affection of the rectum.

One of the newest, and, at the same time, greatest aids which science has placed at the disposal of chemists in conducting analytical investigations is the method of "liquid diffusion."

This forms the subject of an able and comprehensive paper by Dr. Letheby. The principle upon which this mode of analysis depends consists in the fact that when two different aqueous solutions are brought into contact, as by placing the lighter over the heavier fluid in the same vessel, or brought into close relation, with only a thin membrane intervening, there is a more or less rapid interchange of the dissolved constituents of the two liquids. The experiments of Mr. Graham, to whom our knowledge of this class of facts is almost wholly due, were of a three-fold nature :—the first, or *phial diffusion*, by which he ascertained how much of the constituents of a solution would pass out of an open phial into the water in which it was placed ; the second, *jar diffusion*, by which he determined the rate and extent to which these constituents would rise up into a quantity of water placed over the solution ; and the third, *dialysis*, in which the dissolved matters were allowed to pass through a wet membrane into distilled water. In the phial and jar experiments, Mr. Graham ascertained that, as regards liquid diffusion, two classes of substances—viz., *crystalloids* and *colloids*, present very different results ; the former being most diffusive, the latter least so. The substances composing the former class are remarkable for their ready crystallization, while those in the latter do not possess this property ; the colloids include gums, albumen, gelatine, starch, and various animal and vegetable extractive matters, and as gelatine, or rather its pure principle, *collin*, may be considered as the type of these substances, Mr. Graham has applied to this class the distinctive name of colloids. These two classes of bodies differ, not only as regards crystallization and liquid diffusion, but in other respects. The colloids are endowed with very weak affinities ; they are singularly inert as acids and bases ; and, although they often dissolve in water to a large extent, yet they are easily displaced from it. Mr. Graham remarked that the merest film of jelly is sufficient to prevent the passage of a colloid body through it, although it offers no resistance to the passage of a crystalloid. He consequently resorted to the third method of effecting liquid diffusion—namely, by dialysis ; and he has made it the means of effecting a complete separation of crystallizable from uncrystallizable substances.

The instrument used in dialysis is called a *dialyser* ; and is composed of a piece of bladder, or parchment-paper, stretched very tightly and evenly over a bell-glass or a gutta-percha hoop, and secured by a string or by another hoop of gutta-percha drawn over it. The instrument is then suspended in a vessel of water, so that the membranous septum is situated a little below the surface of the water, and the substance to be dialysed is placed in the dialyser. After it has been left standing for a

day or two it is found that the crystalloids have diffused through the membrane into the water, the colloids being left behind. In this manner, dialysis forms a most effectual means of discovering poisons in the fluids and tissues of the body. In a number of experiments made with porter, defibrinated blood, and soup charged with a $\frac{1}{1000}$ th part of arsenious acid, the poison was readily detected; tartar-emetic diffuses out with equal certainty, so that when half a grain of it is placed in two fluid ounces of thick soup, the whole of the tartar-emetic passes through the membrane in the course of three days. Other poisons can be dialysed and detected with the greatest facility even in very minute quantities.

Dr. Letheby also contributes a paper on the poisonous properties of nitro-benzole, or artificial oil of bitter almonds. This liquid, which is much used for flavouring purposes, and is a common article of commerce, is made by a gradual and continuous mixture of fuming nitric acid with coal naphtha containing a large proportion of benzole. At first, its poisonous properties were scarcely suspected; for, when it was shown under the name of *Essence de Mirbane*, in the French perfumery department at the Exhibition of 1851, the reporters of this department described it as being "probably capable of application in confectionery and cookery, as its flavour resembles that of bitter almonds, without containing any hydrocyanic (prussic) acid." The fatal results which have since attended, in several cases, the ingestion into the stomach, of ten drops, and even of a less quantity, of this fluid, show that a grave mistake was made in this statement. Amongst the facts elicited in the course of Dr. Letheby's investigations into the nature and properties of nitro-benzole is the very rare circumstance in toxicology that it may be retained in the system for some days without manifesting its effects, and also that it may become changed by a process of reduction into an entirely different substance—namely, aniline, and afterwards pass into *mauve* or magenta by a process of oxidation, in the same manner as aniline itself does; so that, as is the case with persons who have been poisoned by aniline, the face and lips may assume a mauve colour. Sometimes, after the administration of nitro-benzole, the action of the poison is characterised by rapid coma, but in other instances there is, as has just been referred to, a slow setting in of paralysis and coma after a long period of inaction. In the latter class of cases, weakness commences first in the limbs, and then extends to the body; the muscles are occasionally fixed in spasm, and every now and then an epileptic fit occurs. The *post-mortem* appearances are nearly the same in all cases, whether the death is quick or slow. The vessels of the brain and its membranes are extremely turgid;

the cavities of the heart full of black blood ; lungs slightly congested ; the liver of a deep purple tint, and the gall-bladder distended with bile ; the stomach natural, without sign of local irritation ; and the blood all over the body black and uncoagulated. If the progress of the case has been quick, and death has taken place within twenty-four hours, the odour of nitro-benzole will be clearly perceptible in the stomach, brain, and lungs, and there will also be evidence of the existence of aniline in all the viscera. Fortunately, nitro-benzole and aniline may both be detected in the dead body by the processes which are described by Dr. Letheby, but are too long to allow of our detailing them in this notice.

Dr. Fraser enters at considerable length upon the subject of empyema, and hydrothorax. There are, he considers, two chief reasons why the operation of thoracentesis, when resorted to in cases of these affections, so often fails. The first of these is frequently too long a delay in diagnosis ; the second, that if the time for success in the operation has not been allowed to pass, a further delay is created in the attempt to produce absorption by medicines. Dr. Fraser comments upon the little reliance which can be placed on the action of medicines in removing pleural affections ; and, this fact being admitted, he urges that thoracentesis becomes the chief if not the only means left to enable us to effect this desirable object, while he is of opinion that if the operation will not always save, it will, at any rate, prolong, life. A very common argument advanced against thoracentesis is the alleged injurious effect from the admission of air into the pleural cavity, by which a serous may be converted into a suppurative effusion. Dr. Fraser completely disproves this objection to the operation, both by his own experience, and by that of numerous authorities to whom he refers. The mode of operation which he recommends is much the same as that described in most surgical treatises, excepting that he regards the precautions, advised by some, of drawing the skin upwards, so as to form a flap-like covering to the wound, and thus prevent the ingress of air, as unnecessary. A grooved exploring needle may, if thought necessary, be previously introduced, in order to ascertain whether the effusion consist of serum or of pus. In fortunate cases, no further secretion of fluid takes place, but the lung re-expands, and a cure results. Often, however, the fluid re-forms, and in such instances, Dr. Fraser speaks highly of the value of Chassaignac's "drainage tubes," which are frequently useful in emptying the fluid from pleural, or other cavities, and in promoting the healing of sinuses. The details of twelve cases of pleuritic effusion, in which thoracentesis has resorted to, conclude this article by Dr. Fraser.

In his other paper, Dr. Fraser shows, from the statistics of

the hospital, that a steady rise in the employment of stimulants in the treatment of disease and of injuries has been going on there for several years past, and that the judicious use of alcohol in cases requiring its administration is founded upon rational grounds. *En passant*, we may mention the fact, as a singular illustration of the perversity of men when they hold extreme opinions, that the "total abstinence" party have, with more zeal than discretion, so distorted the facts advanced by Dr. Fraser in his former paper on stimulants, as to make him appear to support their own narrow-minded views.

Mr. Hutchinson is the largest contributor to the present volume, of which his lectures occupy more than a hundred pages. They exhibit a wide range of subject, as well as great practical interest. In the first he discusses the different forms of peritonitis, which is the common cause of death after operations for hernia. His paper points to several valuable practical conclusions—viz., the extreme danger of delay in a case of strangulated hernia; the necessity for opening the sac, and examining the gut in cases of long strangulation; the propriety of retaining the damaged gut in the sac if found in a bad condition; and the desirability of adopting, by anticipation, the treatment for peritonitis, if inflamed bowel has been returned.

In a clinical lecture on lupus, he discusses the nature, causes, and treatment of that fearful malady. The causes of the inflammation setting in are, he considers, clearly of two kinds, both of which are usually combined in each case. The first of these, and the most important is a constitutional predisposition, and the second, some local impairment of the healthy vitality of the part. He entertains little doubt but that the constitutional cause is more or less closely connected with the tuberculous diathesis, but he is opposed to the opinion that lupus is dependent upon inherited syphilitic taint. On the contrary, the usual indications of inherited syphilis are seldom present in persons affected with lupus, and it is not amenable to the same treatment as is found efficacious in curing inherited syphilis. As regards the treatment, Mr. Hutchinson does not ignore general remedies such as cod-liver oil, and liberal meat diet, and fresh air, but, whether the patient be cachectic or not, he places the greatest reliance upon the local measures. However lupus may have begun, it spreads chiefly by a local process, contagion by continuity of tissue, and if the means by which the contagion is effected can be destroyed, the disease is arrested. The two best escharotics for this purpose are, he says, chloride of zinc and carbolic acid.

Mr. Hutchinson advances some new facts, of the deepest importance, on the subject of inherited syphilis. Until a recent

period scarcely anything but vague conjecture existed concerning the manner in which the hereditary syphilitic taint affected persons who were unfortunately under its influence. Infantile syphilis, as evidenced by the puny, withered condition of the sufferers, the numerous coppery blotches, and the peculiar snuffling, was fully recognised, but no characteristic symptoms were known by which the inherited syphilitic taint could be recognised in after-life. Mr. Hutchinson gave considerable attention to this subject, and was rewarded by the discovery of the fact that those who, during infancy, had suffered severely from inherited syphilis, present, in their second dentition, teeth curiously malformed, and also that they are peculiarly liable to chronic interstitial keratitis, previously named "strumous corneitis." The teeth which are abnormally shaped are the permanent incisors, which are notched and dwarfed in size; the cause of this deviation from the natural appearance is, that at early infancy syphilitic inflammation of the gums and of the mucous membrane of the mouth is very common, and as the pulps of the teeth are implicated in the disease, malformation in structure is produced. When this inflammation of the mouth does not occur, the teeth do not present the typical notch; sometimes, also, instead of being notched, the central incisors of the upper jaw are narrowed but not notched. Besides the diagnostic aid to be derived from observation of the condition of the teeth and of the cornea (the former being the most important), it is useful to examine the physiognomical peculiarities; not unfrequently, the deformity and flattening of the bridge of the nose, the little scars about the face, the bulging of the frontal eminences, and the earthy pallor of the features, will bear sufficient testimony to the pre-existence of infantile syphilis. It is impossible to over-estimate the value of the signs of hereditary syphilis to which Mr. Hutchinson has directed attention, for they will often enable us to clear from grave suspicion, the characters of our patients, while they also serve to show at once the course of treatment which must be adopted in the event of any affection occurring which is connected with the syphilitic taint. The question has often been asked, whether syphilis can be transmitted to the third generation? for obvious reasons it is very difficult to decide this, but the general inference to be drawn from the facts collected by Mr. Hutchinson is that the offspring of persons affected with inherited syphilis do not show any symptoms which can be recognised as syphilitic. Another important question is, the extent to which the existence of inherited syphilis is protective against subsequent contagion, or capable of modifying its results. One point is certain—viz., those who are the subjects of the hereditary taint are only liable to the acquired disease in a modified degree,

while marked constitutional symptoms are usually absent in such patients. If the inherited syphilis has been severe, if it is not altogether protective, it prevents those who have suffered from it from contracting indurated chancre.

This fact throws some light upon the cause of difference of the kind of chancre in different persons; but in settling this point, the origin of the virus, the quality of the pus, and the susceptibility of the recipient, must all be taken into consideration.

It is generally supposed that hereditary syphilis predisposes to phthisis, or to the tubercular form of scrofula, but Mr. Hutchinson is opposed to this opinion. The liver and kidneys are more often affected than any other internal organs, in inherited syphilis, and in connection with disease of these viscera, we may get ascites and albuminuria. Of course, it is requisite to bear in mind that the existence of notched incisors, or of traces of interstitial keratitis, will at once guide us to the appropriate treatment. A mistaken impression prevails that although periostitis is a frequent result of acquired syphilis, it is seldom found in connection with inherited syphilis; the reverse of this is, however, really the case, notwithstanding the contrary statements of Diday and others, to the effect that diseases of the bones are very rare in children affected with hereditary syphilis.

The other contributions by Mr. Hutchinson are a description of a case of fibro-plastic tumour of the scalp, which he removed by operation; a lecture, showing that hospital phagedæna depends for its spread on a special contagion, and that for this reason no cases were present in one large surgical ward, which was isolated from the rest of the building, during the latter half of the year 1863 and the first half of 1864, during which period the rest of the hospital was never wholly free from hospital phagedæna; and extracts from clinical lectures, having reference chiefly to cancer and the treatment of fractures.

Dr. Davies has continued the treatment of acute rheumatism by blistering, described in the first volume, and he now gives a brief account of fifty cases of rheumatic fever treated in this manner. The advantages claimed for this method over the others in ordinary use are, that if it be adopted early, there is much less chance of the heart becoming affected; that speedy and permanent relief from the local pain is experienced; that the constitutional effects are quickly shown by the fall of the temperature of the body, by the diminution of the rapidity of the pulse, and by the altered reaction of the urine; that convalescence is soon established; and that this mode of treatment is not so painful as might be expected. The blistering should be applied near to each affected joint rather than immediately over

it, and it may be followed out, if deemed desirable, in conjunction with the administration of alkalies. Instead of the *emplastrum lyttæ*, Dr. Davies prefers the *acetum lyttæ*, painted thoroughly around the joints, and close to the inflamed parts, as being productive of less pain, and when the blistering fluid is of good quality, more likely to obtain the desired effect.

Mr. Maunder contributes a series of notes on compound fracture opening the elbow-joint, on the removal of cartilage in operations about joints, and the importance of a differential diagnosis of chancre. He also gives particulars of an interesting case of pistol-shot wound of the chest; and an account of an ingenious "spray-producer," designed for the purpose of applying local remedies in the treatment of affections of the pharynx and larynx. As regards the treatment of compound fracture implicating the elbow-joint, he believes that when the joint is opened, the bones entering into its formation being more or less broken, and the adjacent soft parts contused and lacerated, the life of the patient is exposed to less risk, and his restoration to health more quickly insured by a free incision along the back of the joint and the removal of the osseous fragments, than by any other treatment. Some difference of opinion exists amongst surgeons respecting the propriety of removing the cartilaginous surfaces in primary excision of the elbow. Mr. Maunder states that at one time he acted upon the conviction that because in a sound state of the articulation healthy cartilage is essential to its utility, so also it might be judicious to attempt the preservation of the original cartilage, in order to secure mobility, when it is desired to arrest the process of repair at the point of fibrous ankylosis. But, although the case progressed satisfactorily after the operation, and the wound closed rapidly, it was found that too great mobility was left. He is therefore disposed to think that, in consequence of his leaving the cartilage on the head of the radius and the coronoid process of the ulva, these two processes of bone could not take part in the necessary ankylosis, and that too free mobility was thus produced. He now advises that in operations about joints, especially if the patient be a bad subject for the operation, and the season unhealthy, a portion of the cartilage should be cut away with the adjacent layers of bone, so as to expedite the closure of the wound.

It is, of course, of immediate importance to the welfare of both the body and mind of the individual affected with syphilis that his medical adviser should at once be able to distinguish between the infecting and non-infecting sore, and Mr. Maunder rightly insists upon this fact. The indiscriminate confusion of the two varieties must lead to errors in treatment, as the action of mercury is decidedly injurious when administered to a person

suffering from the soft, non-infecting chancre. Besides, it is a matter of great moment to the patient to have a decided answer to his questions regarding the probable future results of his disorder. Mr. Maunder makes a good practical suggestion concerning the mode of administration of iodide of potassium in the treatment of tertiary sores,—viz., that the drug should then be combined with a certain proportion of free iodine; three grains of iodide of potassium, with one-eighth of a grain of iodine, dissolved in a proper vehicle, will be found a suitable dose.

Mr. Couper reports a remarkable case of punctured fracture of the base of the skull from a fall upon some iron railings, one of the spikes entering the brain and breaking off, so as to leave two or three inches of the spike imbedded at the base of the skull. Numerous efforts and immense force were requisite to remove the fragment, yet, notwithstanding this difficulty and the serious nature of the injury, the patient survived the accident eight days. It may be noticed as a curious fact in connection with this case, that although the man had fallen twelve feet, had been carried two miles to the hospital from the place where the accident occurred, and the portion of iron spike was imbedded at the base of the skull, he was quite sensible when Mr. Couper first saw him, about three hours after the injury; indeed, although he was unconscious when he was brought into the hospital, he recovered from the shock sufficiently to answer questions in about half an hour. Mr. Couper also gives the account of the dissection of a scrotal hernia which was destitute of a sac.

Dr. Woodman has brought together a number of cases of feigned disease, some of which are very singular, and even amusing. We are so much accustomed to look upon malingering as peculiar to the army and navy, that it is rather startling to learn the real extent to which it prevails in hospital practice. Dr. Woodman throws, however, a gleam of light upon this phase of the "dark side" of human nature, by establishing the proposition "that nearly all those who feign diseases or accidents are really in some way or other in ill-health, or, in other words, that a basis of truth underlies most attempts at malingering." Dr. Woodman is more humane, and at the same time more just, in his estimate of cases of this class than the majority of writers upon this subject. The moral which he draws from the numerous instances of feigned diseases which he narrates—"when in doubt, treat the case as one of real disease," ought to be laid to the heart of every practitioner, when dealing with a patient suspected of shamming. It is, doubtless, annoying to be the dupe for a time of an artful impostor, but it is far better to tolerate the supposed deception until a good opportunity for

detection presents itself, than to run the risk of inflicting physical pain and mental anguish upon some unhappy creature who, though perhaps really ill, has the misfortune to labour under the suspicion of being a malingerer.

In another paper Dr Woodman furnishes a valuable contribution to the statistics of hernia operations, including brief facts relating to fifty-five cases of hernia operated on in the London Hospital between October, 1860, and January, 1862. Of these cases, thirty were femoral, twenty-eight occurring in females, two in males; the sac was opened in fifteen cases, resulting in eight recoveries and seven deaths; of the other fifteen patients in whom the sac was not opened, eleven recovered and four died. The cases of inguinal hernia amounted to twenty-two—namely, twenty-one in males, one in a female; the sac was opened in twenty-one of these, terminating in eleven recoveries and ten deaths; the single case in which the sac was not opened ended in recovery. The remaining three patients out of the fifty-five had umbilical hernia; the sac was opened in all of these, with a result of two recoveries and one death. The liability to rupture on the right side was evident in the cases of inguinal and femoral hernia; the relative proportion in a total of fifty-two cases of these varieties being thirty-six on the right and sixteen only on the left side.

Dr. Woodman also contributes a concise and valuable report of the medical cases under treatment in the hospital during the year 1864; and this is followed by a similar report compiled by Mr. Maunder, of the surgical operations performed in the hospital during the same period.

We should be glad to quote largely, if our space permitted, from Dr. Hughlings Jackson's admirable lectures on hemiplegia, but we have already exceeded the usual limits of a review.

In conclusion, we must not omit to mention that this volume contains, besides the contributions which we have noticed, a paper by Mr. Heckford on circumcision as a remedial measure in certain cases of epilepsy and chorea, an abstract of the reports of cases sent in by the candidates for the surgical gold medal (awarded to Mr. Alfred Walker), and a descriptive catalogue drawn up by Mr. L. S. Little, of the principal additions to the pathological museum of the hospital during the past year.

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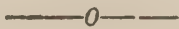
PAMPHLETS.

The Municipal Government of the Metropolis. By GEORGE HORTON ("A LONDONER"). Second Edition. London: 1866.

MR. HORTON'S pamphlet shows considerable administrative ability. He has in a simple but effective manner, arranged a system by which the present jumble of districts of petty authorities could be easily concentrated by forming eleven districts with complete arrangements for all purposes within each municipality, each ward of a municipality sending a representative to its local board, and each local board sending a member to the central body, similar to the present Metropolitan Board of Works.

This is not a mere question of words and tables, but the vital interests of our crowded population are at stake under the present scattered authorities.

It is time that some organisation should be arrived at, by which the first commercial city in the world should also take its proper place at the head of sanitary science.



"*The Dropped Arm*," a paper read before the Brighton and Sussex Medico-Chirurgical Society, December, 1865. By J. A. HINGESTON, M.R.C.S., &c., &c.

MR. HINGESTON tells us that Mr. Solly and himself were early friends and fellow pupils. Each has directed his mind to the interesting cases of muscular debility of the arm arising from "granular degeneration of the spinal cord," and although Mr. Solly has been the first to bring to the notice of English writers this very interesting, and, in these days, not uncommon affection among sedentary brain-workers, it appears that fully thirty-five years ago Mr. Hingeston had met with a case of it.

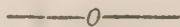
This case made a great impression on him. It was not an ordinary case of paralysis, and many distinguished physicians and surgeons (now dead) were consulted in vain. The patient retired to his native place, and eventually died of apoplexy.

Since this occurrence Mr. Hingeston has met with several cases, one in the person of a medical man in extensive practice, who had been accustomed to the *compounding of his own drugs*, thereby entailing considerable labour on the right arm.

Mr. Hingeston recommends rest from writing or other duty which employs the effected arm. He looks upon the malady as one of "starved brain," and his treatment is eminently "restorative."

It is a subject of great importance, most clearly and forcibly brought before the profession in the pamphlet before us.

Mr. Hingeston is one of those practical men of sound common sense who write in bold English what they mean, and he does not hedge himself round with long compound words which mystify general readers, and hide the weakness of an argument or a theory.



A Glance at the Progress of Medical Science, By EDWARD ELLIS, M.D.; Surgeon to the Royal Pimlico Dispensary, and late Assistant-Physician to the North London Consumption Hospital, &c., &c. London: 1865.

Dr. ELLIS tells us that this pamphlet was originally written as a lecture "by way of reply to questions frequently asked, and in explanation of circumstances often occurring in the routine of practice."

After a rapid and eloquent survey of the progress of science during the last fifteen or twenty years, and a glance at chemistry and physiology, &c., he turns to life and death, on both of which mysteries he has much of interest to lay before the reader.

Turning to medicine, he devotes considerable attention to the doctrines of homœopathy, which he combats in an able manner. He also speaks of the many annoyances which medical men meet with from the injudicious but kindly meant interference of fussy friends. He refers to the non-remunerative nature of a doctor's profession—at the same time that he justly vindicates medical men from looking on their profession simply as a means of money getting.

His medical creed is explained in a paragraph which we quote:—

"For us, our faith is in rational medicine, not allopathy; we scorn the word, in no 'pathy' at all, but in the ever-increasing accurate study of disease, and the diligent watching of the effect of palpable and recognisable remedies thereon, which is the true science of medicine, adapting and expanding itself to all necessities. Does the medical practitioner think a wet sheet good in a given case? he employs it, but he is no hydropath. Does he think a small dose of a strong tincture sufficient? he gives it, but he is no homœopath. Does he require to use larger and more powerful doses of strong drugs? he uses them according to his own judgment. Does he think an individual would be the better for losing blood? he bleeds him. Or does he think his patient already weak enough, and wanting support? he gives him stimulants; he would use any remedial agent under the sun that he could feel satisfied would be beneficial; and he most positively refuses to bind himself to sect, or creed, or party, but rather to act on each emergency of disease according to the measure of ability that God has given him, and which it is alike his duty and his privilege to cultivate and improve."

There is nothing in this pamphlet of that arrogant materialism which mars some authors' works, but there is an honest piety which is not ashamed to render to God that honour which is his just due.

THE MONTH.

OCCASIONAL NOTES.

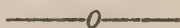
ALMOST every class of the English community has some organ in the press to take up the cudgels for it, or some organised body to fall back upon in case of need. Our workmen have their trades unions at their backs, our Parliamentary men have their support in the numerous leading articles that pour daily from the press. The officers of the Service have a special paper, but the "working men" of our army have no organ to chronicle their wants, or to seek redress for their manifold grievances. The Mutiny Act does not permit any military man to state his case to the public. What we do hear, therefore, of military matters filters through some third party, who cannot personally vouch for the truth of what is stated. What a wretched tale the miserable remnant of the 2nd battalion of the 12th Regiment could unfold if discipline were not too fearful a thing to be infringed upon! Blue books generally, and particularly the details compiled under the dry talent of those in office in the Medical Department of the Army, are very obnoxious reading, and it is not surprising that the public feels no interest in them. We remain, therefore, in ignorance of the many deadly sicknesses which decimate our troops in our Eastern dependencies, even as a normal and usual average. In India we have the healthy Himalayas, but we keep the bulk of our army in the pestilent plains. But this is not enough, for lest the yearly average of mortality should be too slight, our 2nd battalion 11th Regiment is sent to sicken and to die in fever huts during the rainy season at Hong Kong. Our soldiers have to thank the *Times* for bringing this matter while yet recent to public notice, for when the tardy blue book would have told its meagre tale, the facts would long have faded from the public mind. We compassed sea and land to avenge the death of a solitary city banking clerk, and our sympathy for negroes has no limit, but our soldiers are buried in hasty graves in a foreign land, and it is not even a nine days' wonder among us. Are our independent members to hold their peace for ever at the bidding of a military clique which says, forsooth, that *discipline* is injured by inquiry? Our ten years' enlistment is not a success, for our men are only too glad to cast off at its expiration their scarlet badge of slavery. There is a cry of reform throughout the land, and if our army is to prosper, let our first reform commence with it. There is a festering sore in military law, and another in official blundering and timidity. Could no vessel have been found at Hong Kong to remove the sickening regiment into the healthy ocean breezes

far from the pestilential shore? A liberal Ministry cannot surely wish to cement its treaties of commerce with the mouldering bones of its gallant soldiers.

Ambition does not come so much to the surface in the medical profession as in other professions and callings. The barrister has the woolsack, the clergyman the lawn sleeves, the merchant the mayoralty, the tradesman the vestry; but the medical man has no particular goal to dream of. If he can meet his butcher's little account, and has no rival in his neighbourhood, he is satisfied. Those among us who combine the shop with their medical calling, may be presumed to be ambitious to have the best assortment of coloured bottles in their window, to have the finest tooth-brushes, the most aromatic soaps, and the best and sweetest teething syrups. In the higher if not more lucrative walks of physic, a man will probably be satisfied if he can drive a pair of job horses that are not unmitigated screws. The fact is, that in the morning of professional life the medical man does so much exhausting and non-remunerative work, that when mid-day comes, and the fees are no longer few and far between, his highest hopes are realised. But if some aspiration still lingers in his breast, an examinership at a college will suffice, where in the peaceful enjoyment of muffins and coffee on examination days, and in the exercise of a small authority, there is enough and to spare of that excitement which other men seek in more stirring scenes.

We are authoritatively informed that the present and former pupils of the eminent surgeon, Sir William Fergusson, are about to present a testimonial to their distinguished teacher. Upwards of 140 members of the profession in London and the provinces are acting on the committee which has been organised to further this desirable object. We understand that this testimonial is entirely confined to the past and present students of King's College, London. But there are many members of the profession in the United Kingdom who, although not King's College men, would still have been glad to have had the opportunity of adding their mite to the common fund, and thus showing their appreciation of the celebrated man who has shed such lustre on their common profession. We trust the executive committee will give way so far as to take the opinion of the various subscribers to the Testimonial as to whether arrangements cannot be made (on the presentation of the King's College Testimonial at a public banquet) for the admission of all members of the profession who may wish to purchase dinner tickets. While the King's College men would be the exclusive donors of the Testimonial, the ceremony would be rendered

doubly impressive by members of all hospitals witnessing the presentation. It must be remembered that if King's College has a peculiar interest in Sir William Fergusson, the metropolis of Scotland and the other seats of learning throughout the kingdom have also some little claim.



SUMMARY OF NEWS.

THE official announcement which has been made during the past month of the intention of the Government to confer the honour of a baronetcy upon Dr. Simpson of Edinburgh, and Dr. Corrigan of Dublin, has been received with universal gratification by the medical profession. Indeed, it would have been impossible to have named two gentlemen in Scotland and Ireland respectively, more highly esteemed by their professional brethren, and more worthy of the dignity which has been bestowed upon them. If we are to credit current rumours, additional distinctions will shortly be conferred upon some of the leading members of the profession in London. Dr. Thomas Watson, the learned President of the College of Physicians, will probably soon be made a baronet, and it is doubtful whether the plain prefix of "Dr." or "Mr." will be allowed to remain for any great length of time before the names of several other eminent physicians or surgeons.

Is the cattle plague small-pox, and can the former disease be prevented by vaccination? These two questions have been decisively answered in the negative during the past month, and, were it not for the gravity of the subject under discussion, it would be amusing to notice the alacrity with which those who loudly asserted cattle-plague to be small-pox, and vaccination to be the only means of prevention, have altered their style of argument, and endeavoured to gloss over the errors into which their excess of zeal and eagerness to publish opinions before sufficiently determining facts, had plunged them. And, now that vaccination has failed, the country is more anxiously than ever seeking for some means of checking the ravages of the cattle-plague. We believe, as we have believed throughout, that the only certain method of staying the progress of the epidemic will be found to consist in the complete isolation of healthy cattle from the numerous sources of contagion. Upon this point every person who has paid the least attention to the question must fully agree with the following statement made in a recent able article in the *Times*, that "probably most people now regret that the short, sharp, decisive action recommended by the Commissioners were not adopted at the time; by that course, perhaps, we might before now have got rid of the plague." "*Tot homines*

quot sententiæ" is a maxim which peculiarly applies to the writers upon the treatment of the Rinderpest, many of whom pen such utter nonsense that it is almost doubtful whether they would be able to distinguish a healthy from a diseased cow. We were much amused the other day at the quiet manner in which an old farmer posed one of these *dilettanti* cattle-doctors, who had been volubly descanting upon the Rinderpest for some twenty minutes, by asking him what "a heifer" was; the awkward pause which ensued, and the blunder which the person who was interrogated made as to the sex of the animal spoken of, misled probably through the farmer's pronouncing the word as if it were "*hefer*," sadly shook our faith in his knowledge of the bovine species. Before quitting this topic, our readers will, perhaps, expect us to give an idea of the plan of treatment most likely to prove successful. To be brief, then, we may state that, before the appearance of the plague in a herd, we would endeavour to maintain the cattle in a healthy condition by strictly isolating them from all sources of contagion, and by feeding and housing them better than is generally the case: if the epidemic made its appearance, we would separate from the others every animal presenting symptoms of the disorder, and we would rely in our treatment chiefly on tonic and stimulating remedies—chlorate of potash, chloric ether, or sesqui-carbonate of ammonia—warmth, either by means of a hot vapour bath, or by woollen coverings, and a free supply of water, in which chlorate of potash was dissolved, for the animal to drink. To prevent the further spread of contagion, we would, as far as practicable, destroy by fire all articles by which the germs of the disease could be conveyed; disinfectants are, we believe, often powerless to remove the elements of contagion, while their use frequently tends to engender a false feeling of security.

A great deal has been written lately in the papers about the so-called *new* disease. In one respect the writers are in error, viz., as regards its novelty. The affection in question, Trichiniasis, has been known for upwards of thirty years. It consists in the existence of myriads of a small species of entozoon, the *trichina spiralis*, in the voluntary muscles. Numerous fatal cases of this disease have recently occurred in Germany, where it is rife, owing to the practice which prevails of eating imperfectly-cooked pork. Happily, we have been hitherto comparatively free from it in this country, but the accounts lately received of its ravages in Germany ought to make us careful not to eat underdone meat.

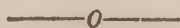
From a report which has reached us from a semi-official correspondent, we fear that the Commission on the medical services in the Army and Navy will fail to give entire satisfaction. Increased pay, and some few other advantages will be

most likely conceded, but otherwise, affairs will be left in much the same condition as at present.

We always thought well of the people of Southampton, and should be sorry to think differently; but what could they, or rather their Town-Council, have been about when they inserted an advertisement in the *Times* for a Medical Officer of Health for Southampton? The successful candidate "will be charged with the health of the town, and must possess competent medical, chemical, and microscopical knowledge; he will be restricted from private practice," and, in consideration of his performing the arduous duties connected with the office, he will receive a salary of £150 per annum. Eight shillings daily for taking charge of the health of about fifty thousand inhabitants. This is almost as rich a joke as a Poor-law appointment lately vacant in Ireland, where the fortunate candidate was expected to attend all the paupers living within a district thirty miles in extent, consisting of barren moor, bog, and mountains, diversified by a large lake studded with inhabited islands—the peculiar nature of the district, obliging the medical officer to keep not only vehicles and horses, but also a boat and boatmen; the munificent salary of about £90 a year was all that was offered for the services thus rendered.

A munificent donation has just been made to the Middlesex Hospital, by an anonymous friend, who has presented £20,000 to its funds, through Mr. Michael Smith, the chairman of the Weekly Board.

The lectures at the College of Physicians for the present year have been announced. The Gulstonian Lectures will be given by Dr. Roberts, of Manchester, on the Use of Solvents in the Treatment of Urinary Calculi and Gravel; the Croonian Lectures, by Dr. Sieveking, On the Localization of Disease; and the Lumleian Lectures, by Dr. Fuller, On Certain Derangements of the Digestive Organs, their Causes and Effects.



MEDICAL INTELLIGENCE.

EXTENSION OF THE CATTLE PLAGUE.—The cattle plague is still extending throughout the length and breadth of England. Upwards of 9,000 fall victims weekly to this malady.

DEATH FROM CHLOROFORM.—Another death from chloroform has occurred: it was at St. Mary's Hospital. The patient was an apparently healthy man, and the operation was evulsion of the nail. Chloroform was administered on a handkerchief; all the proper precautions had been taken.

SITE OF ST. THOMAS'S HOSPITAL.—The embankment on the south side of the Thames on the site where St. Thomas's Hos-

pital is to be erected advances quickly, and contrasts favourably with that on the north side.

SIR JAMES SIMPSON has suffered a severe domestic bereavement in the death of his eldest son, aged twenty-five. A public dinner, at which Sir James Simpson was to have been entertained, and of which Sir J. G. Baird, Sir David Brewster, Dr. John Smith, and Sir James Dunsmure had taken charge, has consequently been postponed.

SMALL-POX IN PARIS.—The small-pox is on the increase in Paris. The Minister for War has ordered the students in the Ecole St. Cyr, the Polytechnic School, and the School of La Flèche to be vaccinated.

MEDICAL BENEVOLENT COLLEGE.—We are informed that Sir Wm. Fergusson has consented to preside at the annual festival of this excellent institution, to be held at Willis's Rooms, on April 26th, when a large meeting of the supporters of the College is expected.

PLYMOUTH LUNATIC ASYLUM.—At a meeting of the Plymouth Town Council, held last week, it was proposed that an asylum in the borough, large enough to contain 200 pauper lunatics, should be built.

REWARDS TO CHOLERA DOCTORS.—The Emperor of Austria has bestowed Imperial honours on Dr. Deschauer and other medical men for their services during the late cholera epidemic in the Garrison Hospital at Trieste.

SPURIOUS VACCINE LYMPH.—A most daring and wicked fraud has been it is said, recently perpetrated on a large scale. Since vaccination has been recommended as a protection against the cattle plague, there has been a sudden increase in the demand for vaccine matter, and some dealers have sold under that name a mixture of collodion and croton oil or tartar emetic, which produces an eruption, but has, of course, none of the virtues of real vaccine.

COTTAGE HOSPITALS.—The fifth annual report of the Fowey Cottage Hospital has just been published, from which it appears that the whole expenses of the institution for the year have been under £20. The patients have been required to contribute towards their own support.

WRECK OF THE "LONDON."—Amongst those who have gone down in this ill-fated vessel in the Bay of Biscay was Mr. John Vivian Faull, the surgeon of the ship. He had been several voyages to Australia in the service of the Messrs. Wigram, and had an accurate knowledge of his profession. Mr. Faull was thirty-seven years of age, and had formerly been one of the assistant medical officers at Colney Hatch Lunatic Asylum.

HARVEIAN SOCIETY.—The following is a list of the gentlemen elected by the Council as officers of the Society for the year

1866 :—President : Dr. W. Tyler Smith. Vice-Presidents : Dr. B. G. Babington, Dr. Thos Ballard, Mr. J. B. Walker, Mr. C. S. Webber. Treasurer : Dr. Fuller. Hon. Secretaries : Mr. J. Brendon Curgenvin, Dr. Drysdale. Council : Dr. J. D. Allen, Mr. Victor de Méric, Mr. J. Eardley, Mr. John Evans, Mr. J. Gayleard, Dr. J. Stewart Lamb, Mr. James R. Lane, Mr. J. Z. Laurence, Mr. Edwin Lowe, Mr. M. Moullin, Dr. Chas. Royston, Mr. J. C. Whaley.

TYPHUS FEVER IN LANCASHIRE.—Forty cases have occurred at Bolton lately, and fifty hands in the employ of Messrs. Tunnicliff and Hampson have had to leave their employment for fear of the epidemic.

MR. BENJAMIN TRAVERS, F.R.C.S.—There is no truth in a statement published in some of the daily newspapers that the above gentleman has lately died at the age of fifty-two,

A SURGEON COMMITTED FOR MANSLAUGHTER.—An inquest was held at Middlesboro', on Jan. 22nd, on the body of William Jenkinson, an engine driver, who died on Sunday night in consequence, as was alleged, of improper medical treatment by Mr. Simpson, assistant to Mr. Richardson, parish surgeon. Mr. Hubbard, surgeon, who subsequently attended the man, deposed that had he in the first instance had proper surgical attendance, he might have lived. The jury returned a verdict as to the cause of death, adding that it was "through the want of competent skill and proper caution on the part of Mr. Simpson; and it is to be regretted that Dr. Richardson did not take an earlier opportunity of seeing the deceased." The coroner said the verdict amounted to manslaughter, and committed Mr. Simpson for trial, accepting bail.

CATTLE DISEASE IN MADRAS.—The cattle disease has appeared in the Madras presidency. Upwards of 3,000 head of horned cattle have died of the disease, which is now raging in Burmah. Veterinary Surgeon, T. Gudgeon, of the Queen's Bays, has volunteered to go to Burmah to investigate the malady.

ROYAL COLLEGE OF SURGEONS.—The preliminary examination in general knowledge for the diploma of membership, which is conducted by the Royal College of Preceptors, has just terminated. Of seventy-five candidates who offered themselves, their ages varying from sixteen to twenty-eight years, thirteen were referred back to their studies.

FEMALE DOCTORS.—M. L. D. de Pontes, in his recent work on England, when discussing the equality of men and women and their real and essential differences, remarks, on the subject of female doctors, that there are too many male doctors in the world already, and that the existing sicknesses of mankind are not sufficient to supply them all with a living.

A TRIBE OF DWARFS.—M. de Chaillu, in a letter addressed to *The Times*, gives the following measurements of some of the "Obongi," a small and peculiar tribe of natives with whom he met in the mountains of Western Equatorial Africa:—"The only adult measured four feet six inches, but as one of the women reached five feet and a quarter of an inch (she being considered extraordinarily tall), I have no doubt that some of the men are equally tall, and some perhaps taller. The other women I measured had the following heights: four feet eight inches, four feet seven and a quarter inches, four feet five inches, and the smallest four feet and a quarter inch. I thought, after looking at the whole group of the adult women, that their average height was four feet five inches to four feet six inches. The smallest woman had the largest head—viz., one foot ten-fifteenth inch in circumference."

SMALL-POX VEHICLES.—A correspondent from the neighbourhood of the Small-pox Hospital directs attention once more, and most usefully, to the frequency with which cabs are driven to that hospital, carrying small-pox patients. It is greatly to be regretted that the subscription for proper vehicles, started by Sir Stuart Donaldson, has not yet been satisfactorily responded to by the public, only a small part of the funds required having been raised.

COLLEGIATE LIBERALITY.—The Council of the Royal College of Surgeons of England has just distributed upwards of 570 volumes of the valuable illustrated Catalogue of the Museum of the College to the libraries of our provincial hospitals, in addition to complete sets to the libraries of several foreign universities.

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PASS-LISTS.

ROYAL COLLEGE OF PHYSICIANS, LONDON, 22nd December, 1865.—*Fellows*:—Kennion, George, M.D. Edin., Harrogate. *Members*:—Archer, Edmond, Queenstown, Cape of Good Hope; Basteau, Henry Charlton, M.B. Lond., Broadmeor, Wokingham; Duckworth, Dyce, M.D. Edin., Wimpole street; Hicks, John Wale, M.D. Lond., St. Thomas's Hospital; Lush, John Alfred, M.D. St. Andrews, Fisherton House, Salisbury; Pye-Smith, Philip Henry, M.D. Lond., Anchor terrace, Southwark; Smith, Heywood, M.B. Oxon., Park street, Grosvenor square; Williams, Charles Theodore, M.B. Oxon., Upper Brook street. *Licentiates*:—Barker, William Henry, Crickhowell, Barraclough; Sutton, Robert Wooding, Streat-ham hill; Buckle, William Turberville, New Ormond street; Freeman, Henry William, United Hospital, Bath; German, Joseph, Friar Gate, Derby; Hall, Henry John, Maud road, Carter street, Walworth; Haydon, Nathaniel Thomas John, St. Mary's Hospital, Paddington; Kempthorne, John, Callington, Cornwall; Mullan, William James, Rye, Sussex; Smith, James William, Whitby; Stedman, James, Rotherfield street, Islington; Thorne, Richard Thorne, Sussex House Asylum, Hammersmith.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—PRELIMINARY EXAMINATION IN GENERAL KNOWLEDGE.—The following is a list of the suc-

cessful candidates:—Robert Argles, A. J. Atkinson, Cornelius Biddle, H. B. Blackburn, C. P. Bellamy, H. G. Biggs, W. W. Cooke, C. C. Connon, T. L. Close, W. J. Daniel, G. R. Dawson, Walter Date, T. J. Dixon, F. H. Drake, D. W. Duke, H. G. Dyer, N. E. Davey, W. W. Dove, Alfred Edwards, Ralph Fowler, A. G. Greenway, William Greaves, J. A. Horsford, William Hugman, W. S. Hughes, W. S. Holroyd, William Hodson, Charles Jervis, H. T. Jones, C. R. B. Kutley, J. D. Lloyd, Arthur Lattey, T. J. Lidbetter, Jonathan Lamplugh, H. C. Martin, Charles M'Cann, G. A. Menzies, S. S. Noakes, T. J. Ollerhead, F. J. Parson, R. F. Palmer, G. S. Payne, H. G. Peacock, M. H. Payne, T. J. Preston, L. L. Powell, W. G. Ranger, Edward Roe, Frederick Robertson, J. B. Slater, G. A. Slack, A. F. Simkins, F. H. Spencer, Richard Snagg, W. M. Turner, Philip Thornton, F. E. Thurland, Edwin Tipple, W. P. Thoruton, E. G. Wittle, and W. P. Yates.—The Preliminary Examination in Arts was conducted by the College of Preceptors as usual, and extended over three days. The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 16th ult., and when eligible will be admitted to the pass examination:—Barlow, Charles, Charing-cross Hospital; Bucknill, W. C., St. Bartholomew's; Chapman, John, St. Mary's Hospital; Clarke, Edward, Philadelphia; Docking, Thomas, University College; Draper, William, Middlesex Hospital, Estcourt, Henry, Manchester; Fussel, Ernest, Guy's; Gray, A. R., Aberdeen; Hall, J. A., Leeds School; Hallows, A. H. B., St. Bartholomew's; Horsfall, John, St. Bartholomew's; Leonard, William, Dublin; Lettis, Thomas, University College; Linton, H. J., Westminster Hospital; Littleton, P. R., St. Bartholomew's; Lloyd, T. C., University College; Lucas, S. A., Dublin; Martindale, G. E., Guy's; Nadin, A. C., St. Bartholomew's; Norris, H. F., St. Bartholomew's; Stothard, James, St. Bartholomew's; Tobin, George, St. Bartholomew's; Walker, C. E., St. Bartholomew's; Walker, James, Leeds School; Watson, F. H., St. Bartholomew's; White, J. C., Westminster Hospital; Yule, J. S. C. Charing-cross Hospital.—The following gentlemen passed on the 17th ult.:—Bosworth, J. R., Guy's; Carbery, Joseph, Calcutta; Cox, W. A., Charing-cross Hospital; Evans, John, St. Bartholomew's; Evans, Septimus, London Hospital; Harris, William, St. Mary's; Hensman, Arthur, University College; Hobbes, J. L., Charing-cross Hospital; Geldart, G. W., Newcastle; Molloy, M. H., Dublin School; Nolan, William, Dublin School; Parry, Charles, St. George's; Pavey James, London Hospital; Roworth, Alfred, St. Bartholomew's; Schömborg, N. E., King's College; Sewill, H. E., St. Mary's; Spencer, W. W., Newcastle; Stevens, R. H., King's College; Thomas, G. A., St. Bartholomew's; Waller, John, University College; Webb, T. E., Guy's.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 23rd ult.:—Bousfield, Edward, Mansfield, Notts; Chambers, Frederic Evans, Camden town; Chiappini, Antonio Lorenzo, Cape of Good Hope; Earle, Frederick, Edgeware, Middlesex; Edgelow, George, Kensington square; Ennals, Charles Thomas, St. Neots; Ewen, Algernon, Long Sutton; Haslam, James, Reading, Berks; Horne, Edward, Isleworth; Legg, John Wickham, Alverstoke, Hants; Lloyd, Ridgway Robert Syers Christian Codner, Bury St. Edmunds; Major, Napoleon Bisdee, Hungerford; Manby, Frederic Edward, East Rudham, Norfolk; Melson, John Waller, Birmingham; Molyneux, John Lee, Wigan; Muriel, George John, Ely; Plaister, William Henry, Bristol; Shaw, Henry Lissmore, South Mimms; Wood, Herbert, Ashton-under-Lyne. The following gentlemen were admitted members on the 24th ult.:—Ackroyd, George, Leeds; Bradshawe, Paris; Eaton, John Chamberlin, Ancaster; Ellis, William Henry, Willingham, Cambridgeshire; Farr, Arthur John, Newport, Monmouthshire; Hewetson, Richard, Bayswater; Hunt, Frederick

Everard, Shortlands, Kent ; Jackson, Arthur, Sheffield ; Lawrence, John, Clifton ; Mountain, William John, Leeds ; M'Williams, Joseph M'Carogher, Omagh ; Nolan, William, Athbay ; Percival, Thomas, Leeds ; Ransford, James Inglis, Sydenham ; Ridley, Herbert, Newcastle ; Royds, William Alexander Slater, Bedford ; Simpson, Thomas Henry, Fore street ; Smith, Henry Cecil, Bayswater ; Tayler, George Christopher, Trowbridge ; Wadd, Frederick John, Kilburn ; Ward, John Bywater, Leeds ; Wright, William Evatt, Brixton. *New Fellows*.—At a meeting of the Council on the 11th January, the following gentlemen, having been Elected Fellows at previous meetings of the Council, were admitted as such :—Allard, William, Tewkesbury, diploma of membership dated April 12th, 1839 ; Taylor, Henry Sharp, Guildford—June 12th, 1840.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 11th January :—Dickson, John Thompson, Logie Lodge, Clapham park ; Fowler, William, Birmingham. The following gentleman also received certificates to practise, on the 18th January :—Gowing, Benjamin Chasten, Lowestoft.

TRINITY COLLEGE, DUBLIN: MICHAELMAS TERM EXAMINATION FOR M.B.—List issued by the examiners for medical degrees, December, 1865 :—Swanzy, H. R., B.A. Dub., Dublin Hospitals ; Compton, T. A., B.A. Camb., St. Bartholomew's ; Benson, J. H., B.A. Dub., Dublin Hospitals ; Mayo, C., M.A. Oxon., St. Bartholomew's ; Keough, E., M.A. Dub., Dublin Hospitals ; Greene, F. W., B.A. Dub., Dublin Hospitals ; Gamble, S. B., C.B. Dub., Dublin Hospitals ; Higginson, F. W., S.F. Dub., Dublin Hospitals. Candidates, 10 ; Unsuccessful, 2.

APPOINTMENTS.

ATHERLEY, Mr. J. H.—Medical Officer and Public Vaccinator for District No. 2 of the Nottingham Union.

AVENT, N., M.R.C.S.E.—Medical Officer and Public Vaccinator for No. 2 or Walham Green District of the Fulham Union.

ANDERSON, A. D., M.D.—Director of the Glasgow Royal Lunatic Asylum, Glasgow.

BAKER, J. D., M.R.C.S.E.—Medical Officer and Public Vaccinator for Hainton District of South Union, Lincolnshire.

BARLOW, Mr. J. of Wem.—Dispenser to the Salop Infirmary, Shrewsbury.

BLADES, T., L.R.C.P. Edin.—Medical Officer and Public Vaccinator for Morland District of West Ward Union, Westmoreland.

BOXWELL, R., L.K.Q.C.P.I.—Medical Officer to Workhouse Infirmary and Fever Hospital of Gory Union, Co. Wexford.

BUTT, W. F., M.R.C.S.E.—Resident Surgeon to St. Pancras Workhouse and Infirmary.

BARKER, J., M.D.—Member of the Court of Examiners of the Royll College of Surgeons in Ireland.

BARRETT, J. J., M.D.—District Surgeon to visit Out-patients to the Royal South London Dispensary, St. Georges Cross, Lambeth.

BARRETT, T. W., M.D., M.R.C.S.—Medical Officer and Public Vaccinator for the 1st. North-Western District of the Forebridge Lynn Union, Norfolk.

BRAMWELL, J. B., M.D.—J.P. for Borough of Tynemouth.

BISHOP, Mr. W.—Dispenser to the Western Dispensary, Broadway Westminster.

BOTTOMLEY, T. A., M.R.C.S.E.—Surgeon to the Huddersfield and Upper Agbrigg Infirmary.

BURT, G., F.R.C.S.E.—One of the Surgeons to the Hospital for Diseases of the Skin, New Bridge st., Blackfriars.

- BOUNEY, Mr. W.—Resident Obstetric Assistant at the Middlesex Hospital.
- CHAFFERS, E., M.R.C.S.E.—Asst. Surgeon North Riding Lunatic Asylum, Clifton, York.
- CHARTERIS, M., M.D.—Asst. Medical Officer to the Parishes of St. Giles and St. George, Bloomsbury.
- CLARK, F., M.D.—Assessor in the University Court of Aberdeen.
- CRAWFORD, W. T., M.D.—Medical Officer for District No. 2 of the Great Ouseburn Union, Yorkshire.
- CREISTER, T. L., M.R.C.S.E.—Medical Officer for Bramley Union Workhouse and Public Vaccinator.
- CANTON, A., M.R.C.S.E., L.D.S.R.C.S.—Asst. Dental Surgeon to Dental Hospital, Soho square, London.
- CLARKE, J., L.K.Q.C.P.I.—Surgeon to Constabulary, Baillieborough, Co. Cavan.
- DAMANT, T., L.R.C.S. Edin.—Medical Officer and Public Vaccinator for District No. 3 of the Aylsham Union, Norfolk.
- EVANS, C., M.D.—Pathological Registrar to Kings College Hospital.
- FUSSELL, E. F., M.B. M.R.C.P.—Treasurer to the Brighton Lying-in Institution, and Physician to the Brighton Dispensary.
- FENN, T. H., M.R.C.S.E.—Medical Officer and Public Vaccinator for District No. 8 of the Leyden and Winstree Union, Essex.
- GREEN, E. S., L.R.C.P.—Resident Medical Officer to the York Dispensary.
- GROSVENOR, A. O., M.D.—House Surgeon to London Surgical Home for Diseases of Women, Notting hill.
- GENHAM, B. G., M.R.C.S.E.—Medical Officer and Public Vaccinator for the Ederney Dispensary, District of Irvinstone Union, Co. Fermanagh.
- GRIFFITH, Dr. G. de G.—Physician-Accoucheur to St. Saviour's Maternity Charity.
- GWYNN, E., M.D.—Surgeon to the Holloway and Islington Dispensary.
- HALL, S., M.R.C.S.E.—Medical Officer and Public Vaccinator for No. 12 or Wilford District of Bedford Union, Nottinghamshire.
- HARPER, H. L., M.D.—Medical Superintendent Cheshire Lunatic Asylum.
- HINGSTON, C. A., M.D.—Physician to the Plymouth Public Dispensary.
- HOLTAN, E., L.R.C.P. Edin.—Medical Officer and Public Vaccinator for Maguiresbridge Dispensary, District of Lisneskea Union.
- HIGHMORE, W., M.D.—Medical Officer to Yeatman Hospital, Sherborne, Dorsetshire.
- HUDSON, W. T., M.R.C.S.E.—Medical Officer for Southern District of Parish of St. James, Clerkenwell.
- HAYWARD, W. H., M.R.C.S.E.—Medical Officer and Public Vaccinator for West Oldbury District of West Bromwich Union.
- HILLIARD, H. C., L.R.C.P.L.—House Surgeon Surrey County Hospital, Guildford.
- HUDSON, F., L.R.C.P. Edin.—Medical Officer and Public Vaccinator for Bramley District of Bramley Union, Yorkshire.
- HARRISON, J., M.R.C.S.E.—Medical Officer for Braintree District, Braintree Union, Essex.
- HATCHELL, G., M.D.—Member Royal Irish Academy.
- HOFFMEISTER, W., M.D. M.R.C.S.—Surgeon to the Cowes Dispensary.
- HOPKINSON, W. L., M.D.—Consulting Physician to Stamford and Rutland Infirmary.
- JONES, E. S., L.R.C.P.L.—House Surgeon Weston-super-Mare Hospital and Dispensary.
- JONES, E., M.D.—J. P. for county of Hereford.
- JACKSON, P. A., M.R.C.S.E.—Medical Officer for District No. 2 of Bilesdon Union, Leicestershire.
- LING, W. S., M.R.C.S.E.—Medical Officer and Public Vaccinator for District No. 1 of Lexden and Winstree Union.

- LYON, W., M.D.—Director Glasgow Royal Lunatic Asylum.
- MACKINLAY, T. G., L.R.C.P.L. and M.R.C.S.E.—Resident Medical Officer, Charing Cross Hospital.
- M'WHINNIE, A. M., F.R.C.S.E.—Surgeon to Hospital for Diseases of the Skin, Blackfriars.
- NEWMAN, W., M.D., M.R.C.S.—Surgeon to Stamford and Rutland Infirmary.
- OXLEY, C. F., L.R.C.P. Edin.—Resident House Physician to the Westminster Hospital.
- PEARSON, H., L.R.C.P.L.—Medical Officer and Public Vaccinator for District No. 2 of Ely Union, Cambridgeshire.
- PROCTOR, S. E., L.R.C.P. Edin.—Medical Officer for Districts No. 7 and 8 of Tonbridge Union.
- PROPERT, J. L., M.R.C.S.E.—Surgeon A Division Metropolitan Fire Brigade.
- PHILLIPS, W., L.R.C.S. Edin.—Medical Officer and Public Vaccinator for Parish of Stoonsay, Orkney.
- PORTER, G. H., M.D.—Surgeon to Simpson Hospital, Dublin.
- PAGAN, J. M., M.D.—Director Glasgow Royal Lunatic Asylum.
- ROBERTS, J. C., L.R.C.P.—Surgeon Peckham Rye Dispensary.
- RANSOM, R., M.D.—Medical Officer Union Workhouse, Cambridge.
- ROBERTS, F. T., M.B.—Lecturer on Comparative Anatomy and Zoology, Liverpool Royal Infirmary School of Medicine.
- REDWOOD, T. H., L.R.C.P.L.—Senior Assistant Surgeon Rhymney Iron Works, Monmouthshire.
- RIVINGTON, W., F.R.C.S.E.—Surgeon, London Dispensary, Spitalfields.
- SMITH, C. H., M.R.C.S.—Assistant House Surgeon General Dispensary, Sheffield.
- SMITH, Mr. E. N.—Honorary Apothecary Lock Hospital, Westbourne.
- SNOOK, J. W., M.R.C.S.E.—Resident House Surgeon, Bradford Infirmary.
- SPOONER, E. M., M.R.C.S.E.—Medical Officer and Public Vaccinator District 2 Blandford Union, Dorsetshire.
- SUTTON, C. F., M.R.C.S.E.—Medical Officer and Public Vaccinator for the Hulme District of Congleton Union, Cheshire.
- SWYER, S., L.R.C.P. Ed.—Medical Officer and Public Vaccinator for Spitalfields District of Whitechapel Union.
- SAUNDERS, W. S., M.D.—Surgeon B Division Metropolitan Fire Brigade.
- SOPER, R. W., M.R.C.S.E.—Resident House-Surgeon, South Devon and East Cornwall Hospital, Plymouth.
- SHORE, O. B., M.D., M.R.C.P.L.—Physician, Stamford and Rutland Infirmary.
- SKINNER, T., M.D.—Medical Officer, Liverpool Lying-in Hospital.
- STEELE, A. B., M.R.C.S.E.—Lecturer on Midwifery and Diseases of Women, Liverpool Infirmary School of Medicine.
- TAYLOR, T. M.R.C.S.E.—Medical Officer, Boking District of Baintree Union, Essex.
- TURNER, Mr. T. A.—House-Surgeon Royal Westminster Ophthalmic Hospital, King William street, Strand.
- TATHAM, T., M.D.—Honorary Medical Officer, Royal Pimlico Dispensary.
- THOMAS, Mr. W.—Resident House Surgeon, Bradford, Infirmary and Dispensary.
- VEITCH, A. M.D.—Resident Surgeon, Birmingham and Midland Counties Lying-in Hospital and Dispensary.
- WEBSTER, G., M.R.C.S.E.—Surgeon, Peckham Rye Dispensary.
- WHEATCROFT, T., M.R.C.S.E.—Medical Officer and Public Vaccinator, District 1. Nottingham Union.
- WRIGHT, E. S., M.R.C.S.E.—Surgeon, Great Eastern Railway Provident Society, March.
- WEBSTER, T. T., M.R.C.S.E.—Assistant Medical Officer, Bridge-street Workhouse, Manchester.

- WILSON, H., F.R.C.S.I.—Member of Royal Irish Academy.
 WINTERBOTHAM, W. L., M.B.,—Assistant Surgeon, 2nd Administrative Battalion, Somersetshire Rifle Volunteers.
 WILLIAMS, W. H., M.D., Medical Officer, Yeatman Hospital, Sherborne, Dorsetshire.
 WOODFORDE, W. T. G., M.D.—Surgeon C Division, Metropolitan Fire Brigade.

 DEATHS.

- ANDERSON, C., for thirty-seven years Chemical Assistant at the Royal Institution of Great Britain, on January 8.
 BAILEY, William, M.D., at Gurtadda House, Co. Limerick, for many years a Surgeon in the Royal Navy, on December 31.
 CLARKSON, Ebenezer, M.D., of Selkirk, on January 9.
 DAUGLISH, J., M.D., at Furze Bank, Great Malvern, aged 41. Dr. Daughlish was the inventor of aerated bread. He had for some years been in failing health, and his death is understood to have been accelerated by the labour of perfecting his most recent improvements.
 DUNNE, G. R., F.R.C.S.I., at Mountjoy square, Dublin, of Moymore, Co. Clare, J.P. for the county, on January 14.
 EVANS, W. H., M.R.C.S. and L.S.A., formerly Surgeon to the General Dispensary at St. Alban's, on January 28, aged 53.
 FRAME, John, M.D., at West street, Glasgow. Late House-Surgeon to the Greenock Hospital and Infirmary, on January 18.
 GUEST, E., F.R.C.S.E., of Halsey street, Chelsea, on January 4, aged 49.
 HENRY, Richard, at the residence of his father, James Henry, M.D., Brougham House, Birkenhead, Staff Assistant-Surgeon late of the Royal Artillery, on December 21.
 HULKE, W., M.R.C.S.E., of Lower street, Deal, on January 12, aged 74.
 HATRICK, W. R., M.D., of Glasgow, on December 30.
 JARDINE, J. B., L.R.C.S.E., Staff Assistant-Surgeon at Chatham, on January 10, aged 28.
 LAYCOCK, R., L.R.C.P.L., of Bramley, Leeds, Yorkshire, on December 28.
 MAIR, J. S., at Buckingham square, Govan, Medical Student, on January 4, aged 20.
 MCKEE, William, M.R.C.S.E., at Wesley street, Liverpool, on December 22, aged 72.
 PAYNE, Henry, M.D., of Nottingham, on January 5, aged 80.
 SISSON, Andrew, M.R.C.S.E., of Reigate, Surrey, on January 1, aged 56.
 SMELLIE, John, L.R.C.S.E., of Ruddington, Nottinghamshire, on January 18, aged 62.
 STEWART, W. Andrew Patrick, M.R.C.S.E., at University College Hospital, of typhus fever, Senior Physician-Assistant, aged 21.
 STRUTT, George Henry, M.R.C.S., L.S.A., at Tutbury, near Burton, on January 21, aged 32.
 TRAVERS, J. William George, L.S.A.L., of Millpond street, Bermondsey, on January 13, aged 51.
 WRIGHT, G. E., M.D., Assistant-Surgeon H.M.'s ship "Rattlesnake," at Sierra Leone, on December 24, aged 24.

 TO CORRESPONDENTS.

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THE MEDICAL MIRROR.

MARCH, 1866.

ORIGINAL COMMUNICATIONS.

On the Operation for the Radical Cure of Prolapsus Uteri, by Caustic Applications. By C. H. F. ROUTH, M.D., Lond., M.R.C.P.; Physician to the Samaritan Hospital for Diseases of Women and Children; Consulting Physician for Diseases of Women to the North London Consumption Hospital.

AT the risk of appearing somewhat fastidious I think it right at the outset of this paper to define what it is I understand by the term *procidencia* or *prolapsus uteri*. Hitherto, we were wont to understand generically by these terms a depression, different only in degree, of the uterus below its natural level within the pelvis, whether appearing externally or not. Monsieur Huguier however, the distinguished French Surgeon has lately called into question the propriety of this definition, as he says that the majority of these so-called cases of prolapse are in reality only prolongations or longitudinal hypertrophy of that part of the cervix which lies above the vagina, true *procidencia* being a very rare disease. He tells us that out of sixty-four cases of supposed prolapsus which he examined, in two only was *true* *procidencia* present. In all the others it was merely prolonged cervix, the fundus of the uterus maintaining superiorly its normal position.

Now, I must say that close inspection of many of these cases, at least as they occur in London, has convinced me that Mr. Huguier is partly *right* and partly *wrong*, right because in nearly all the cases we examine of complete prolapse the uterine sound reveals a lengthened state of the uterine cavity and because if the patient be lying down and quiet, the position of the fundus may be normal, but only in those cases where the prolapsed uterus has been replaced within the vagina—and *wrong* because in nearly all examples where the patient can force down the uterus at will, or when it comes down

externally after lifting a heavy weight or taking a long walk, so as to lie altogether between her legs outside the vagina, the fundus *has* descended with the body and cervix uteri and is no longer felt in its usual position. I have never yet seen a case of pure procidentia (unless complicated with a cellular abscess), which could not be reduced by a very little trouble and replaced within the vagina, and this although in most of these cases, there is both rectocele and cystocele more or less complete also. Thus, while I admit that there is in nearly every case longitudinal hypertrophy of the organ, so I assert there is also a certain amount of procidentia present.

I cannot stop here to speak of the symptoms, causes or diagnosis of the disease, I have done that elsewhere, I wish to pass on to speak of the treatment by caustic of such cases, and only of those where the procidentia is complete. The time allotted to me, will not allow me to do more.

Before describing however, the modification on the usual plastic operation which is the object of this paper, I wish to notice one point. That the position of a prolapsed uterus is one which favours the occurrence of the longitudinal hypertrophy before referred to.

1st. In the early history of nearly all these cases we are able to trace the existence of endometritis with congestion. The direction of the cervical canal is longitudinal and it is the cervix which is invaginated upon itself and constantly irritated by the movements of the body. We are all aware how commonly even irritation of the external parts of the vulva in the female will cause hypertrophy of them, and it is not uncommon to find in prostitutes a prolonged cervix in the vagina from a similar cause. The irritation in these cases is kept up by a sort of moving invagination of the vagina around the cervix, somewhat analogous to those of the prepuce over the glans.

2nd. The rectocele, but chiefly the cystocele present, when the bladder is full, by their attachment inferiorly to the cervix, pull the uterus downwards. This, on the other hand, being kept back by its attachments at the fundus, is necessarily lengthened. I have seen the same result obtained in two cases where the uterus was pulled upwards by an ovarian tumour, only in these instances the resistance was from the attachment of the uterus to the vagina. In both the cervix was lengthened to more than double its usual length.

The operations practised on these parts in the intention of mechanically preventing the descent of the womb may be spoken of as of three kinds:—1st. *Kolporaphy*, where they are confined to portions of the vagina, slips of which are removed either by the knife, caustics, or the actual cautery. 2nd. *Episioraphy*, where portions of external skin of the labia or perinæum, as well

as more or less mucous membrane, are removed. 3rd. M. Huguier's operation where mucous membrane and a portion of the uterus itself is removed.

The following cases are examples of episiography, only strong caustics were applied, and when the sloughs had come away other parts were brought together by quill sutures.

The caustic I used was strong nitric acid. In this there is nothing new, as it was used by Benjamin Phillips in 1839. The nitrate of mercury having been used by Langier in the same year in France.

The quill sutures usually employed by Dr. Davidson in 1838, Gedding in 1839, J. B. Brown, Dr. Savage, and a host of English operators that have followed in their track during late years, when used with ordinary string, have the advantage of being very easily applied or removed, and the amount of tension to bring the edge together can be easily regulated. But they have one disadvantage and it is, that if kept longer in than the second day, they make a very large lateral hole in the side of the perinæum, which is much enlarged by the sloughing which invariably succeeds. So far, convalescence is delayed. To prevent this result, some have contrived to place between the quill and the skin a thin metallic plate, with a narrow slit along its centre, so as to keep the two parts of the thread close together. This is decidedly an improvement, and there is no doubt that, if the ordinary ligature thread is used, it is the better plan. To obviate the inconvenience of thread quill sutures some years back, with the assistance of Mr. Coxeter, I devised two metallic clamps, such I now show you, and so constructed that wire may be used instead of thread, and, by one turn of a key, secured *in situ*. The wire used in this manner may be single, and thus the hole made through the perineum is small. The wire is introduced through a circular needle, or it may be used singly without a needle if one point of it is tempered in steel and made very sharp. This last plan has been tried by some with success, although, in such cases, they do not use the clamp, but merely bends the wire after having pressed it through an ordinary wax bougie. The advantage of the single wire is that it may be kept in longer; thus I seldom remove it till the beginning of the fourth day. By the seventh or eighth the superficial may be safely removed. I may remark that, in the usual plastic operation by the knife, when putting on the interrupted wire sutures in the parts anterior to the clamp, I put them on deeply too, only just anterior to the clamp: a plan which, I believe, was first practised by Mr. Brown.

I was led to use caustics because I had felt there were a class of cases in which the knife was dangerous, and, although I now find I was anticipated by Mr. Wells in 1858, my first experi-

ment was at least undertaken in total ignorance of his previous experience.

The operation, although a simple one, is always accompanied with a great loss of blood, and it may occur that, owing to the patient's age, the varicose state of the veins about the parts, and the general debility of the patient, the loss of blood, or the use of chloroform, may become dangerous contingencies. In these cases, the first part of the operation may be performed by caustics, and the cure is as complete in the end, although, possibly, not so speedy. As this is one of my principal motives in reading this paper, I have put together three cases of my own, and two of Mr. Wells's, which I publish by his permission, to illustrate some points in the practice.

M. L.—, æt. seventy-two, a middle-sized woman, came under my care April 28, 1859; had been twice married; forty-five years ago the first time. She married a second time, thirty-one years ago; her first husband living only three years, her second five years; had three children by the second husband, one only living now. The womb first came down forty-four years ago, after her first confinement; it was a lingering labour, and she kept her bed for a month after. After a time, the womb returned within the vagina, and did not again protrude till eighteen or nineteen years since. It was again replaced, and she wore a T-bandage; four years since she was an out-patient under Dr. Tyler Smith, at St. Mary's, and wore a pessary with great relief. Last winter, however, during a violent cough, the womb came down, forcibly ejecting the pessary. The prolapse was then complete, and has remained so ever since.

Present condition.—Face pale, pasty; feels generally weak; pulse small; she attributes her weakness to bad living; the skin about vulva is very flabby, varicose, and somewhat offensive.

April 29.—The patient being very weak, and the aspect of the parts leading to the impression that there would be a good deal of hæmorrhage if the ordinary plastic operation was performed, I preferred the employment of caustics. The womb and parts being replaced, the strong nitric acid was painted over a portion of the external skin, extending upwards over the mucous membrane of the vagina, about $1\frac{1}{2}$ inches upwards, and for the lower, half of the external opening. No chloroform was given. The pain at first was considerable, but entirely subsided after four hours. Poultices were applied every three hours, and a suppository of opium ordered if the pain continued.

From this time up to May 3, she appeared to be doing well. On inspection, however, the separation of the sloughs was found to be proceeding very slowly. The bowels were constipated,

and there was some abdominal pain. She was ordered a purge. On inquiry it was found that the nurse had neglected the application of the poultices. These were now ordered to be regularly applied both within and without the vagina. On the 5th the slough had not come away, and two or three spots were again touched by nitric acid. On the 9th the sloughs had completely separated. The granulations being well washed by a stream of warm water, the parts were brought together by clamps, and two deep sutures applied. A catheter was left in the bladder. About half an ounce of blood only was lost by the introduction of the deep sutures. No superficial sutures were applied. In the course of the 11th some sickness supervened, which was relieved by creosote and salines. There was considerable vesical irritation, which ceased on the removal of the catheter. The deep sutures and clamps were removed on the 12th. The union was complete and the perineal cushion very good.

Some days subsequently (18th), the bowels having been kept constipated, a sort of diarrhœa supervened, and in the passage of a large fœcal mass she felt as if something had given way, and a small quantity of blood passed out. This was at the time attributed to piles. On the 19th, however, it was found that a great portion of the new perinæum had given way. The operation was therefore performed a second time. The result of this second operation was much more satisfactory, union again taking place posteriorly, and only deficient a little anteriorly. This point had again to be touched by nitric acid and brought on the separation of the slough by stitches. This case ultimately did very well, the uterus receding backwards, and the vulva opening becoming smaller, contracting gradually independently of the new perineum.

This contracting effect of caustics at this part has not, I believe, been insisted upon before, and I make no doubt that had superficial sutures been applied as well as the quill, the case would have done well after the first operation.

CASE II.—A. A. *alias* R., æt. thirty-two, tall, dark, weak, very spare woman, married for six years, has had two children, the eldest would have been four if alive, youngest æt. two. The patient is suffering from complete procidentia. It first prolapsed after her confinement, which was a very quick one. She only kept her bed after this confinement for a week, although she did not go about till a fortnight. There was no bloody discharge after her labour until she began to move about, when a copious yellow discharge supervened. Abscess in the groin shortly afterwards came on, when she was obliged to keep her bed for three weeks longer. It was subsequent to her recovery from this last affection that her womb came out suddenly, without any known cause, when she was quietly walking down stairs.

It has remained pendant outside ever since, nor has she ever reduced it herself or had it replaced since that time.

On the 15th, having pushed back within the vagina the womb, the lower part of the vagina, and a small portion of the skin was freely touched by nitric acid. There was considerable pain for some hours as in the other case. Warm poultices were applied daily. On the 19th, the slough being removed, I brought the edges together, using the grooved needle and clamps with thick wire for the deep sutures, and using silver wire for the superficial sutures. Owing to a peculiar construction of parts about this woman there was considerable difficulty in passing the catheter. The vagina was kept washed continually for three times a day by the syringe. The catheter was kept in the bladder till the 20th, when it gave rise to so much irritation that it was removed. The deep sutures were removed on the 24th and union was believed to be perfect in all parts. On the 28th, the bowels were found to act freely without medicine. On July 1st, the superficial sutures were removed, the anterior portion was completely united, but inferiorly there was a small aperture. Nitric acid was reapplied at this point. The slough came away on the fourth, when one deep and two superficial sutures were applied. The catheter was not used as it gave rise to much pain. On the 8th, the deep sutures were removed, on the 13th the superficial, and she left the hospital quite cured, July 28. I have seen this patient since several times; she continues quite well. The caustic was used by preference in this case, owing to her debilitated state, there being an unwillingness on my part to make her lose blood.

CASE III.—S. D., æt. fifty-nine, admitted June 6. Married thirty-three years, has had seven children and miscarried three times. All her labours were easy; eldest child living thirty-two, youngest æt. twenty-four. The present disease commenced fourteen years ago after severe work, and when engaged in lifting heavy weights. The womb suddenly came down and appeared at the external parts. She was treated at St. George's Hospital by pessaries, and wore out three of them, when she finally gave them up. She remained four years without them. When first seen by me the prolapse was complete, hanging between her legs like a large bag. On the 7th, I applied as before, after having replaced the womb, the fuming nitric acid to the inferior portion of the vagina. The parts were then ordered to be poulticed, and as she appeared weak four ounces of wine were daily given. On the 17th, the slough which was a very deep one separated, leaving a raw granulating surface; great pain was felt as before for a few hours after the application of the acid, not afterwards. The opposed parts were now brought together by clamps, deep sutures of iron wire as before, and superficial sutures. The deep

sutures were removed on the 22nd. The bowels moved on the 24th, the superficial sutures removed on the 30th. Union was found to be complete, except at a small opening quite posteriorly. The patient, however, expressed herself satisfied with the result, and did not agree to have this small point cured. She left the hospital on July 11 with a good perinæum and the uterus not coming down at all.

I am informed by Mr. Spencer Wells of two cases in which he had used caustics for the purpose of forming a granulating surface, which, when brought into apposition, might unite as readily as the raw surfaces usually made by the knife. These cases occurred in private practice in the spring of 1858, the caustic being used because the ladies were very unwilling to submit to any operation requiring the presence of assistants, and were fearful of the knife. In one case nitric acid was used, and the granulating surfaces, after the separation of the slough, were brought together by three silver sutures. Union took place, but it was a very superficial, and only served to keep up the prolapse by the assistance of a **T**-bandage and perineal pad. In the other case, the acid nitrate of mercury was used, a horse-shoe piece, an inch and a half in depth destroyed, and poultices used until the slough separated on the sixth day. On the seventh day the granulating surfaces were brought together by the quilled suture, and a very firm thick cushion was obtained. Mr. Wells has informed me that he has heard very lately from this patient, and that the result has been most satisfactory, a prolapse of twelve years' standing having been completely retained within the vulva. He did not use chloroform in either case, but applied Dr. Arnott's frigorific mixture before the acid. In both cases there was a good deal of pain for two or three hours after the application.

The employment of caustics in these cases proves it has some advantages :—

1. It needs a smaller staff of assistants.
2. It precludes a loss of blood.
3. It causes contraction of the parts around the vulva, and relieves the uterine congestion.

1. In hospitals, where we have proper tables, dressers, nurses, &c., in abundance, the disadvantage of few or many attendants is not so much felt, but in private practice it is not so. Ladies do not like to exhibit to several men. Here one attendant suffices, and even, if desired, none but the operator need be present.

2. It precludes the loss of blood ; and this is really a matter of great importance. The state of weakness to which many patients after the operation are reduced is very great. The blanched look of the women for several days after it is often painful to con-

template. Few practitioners have operated by the knife upon female organs of generation without being often surprised at the great amount of hæmorrhage which will often follow the slightest cut of the knife. Nor is this all. Secondary hæmorrhage after this operation is not rare, and this in cases where the known skill of the operator left no doubt as to the accurate manner in which it had been performed. Many of those weak females with flabby hearts before alluded to, as cases in which the administration of chloroform is dangerous, are precisely those in which loss of blood is so injurious. Hence, one of the reasons why recovery in these instances is often so slow, even after union is completed. The expense, moreover, of keeping up such patients by wine is felt to be a heavy tax on some hospitals. But there are, besides, cases in which operation by the knife would be exceedingly hazardous. One such case, I remember, some time back, and in which, upon consultation, all idea of operation was in consequence abandoned. It was the excessively varicose condition of all the veins about the vulva and upper part of thighs. True, this state of things might have been in some measure relieved by drastic purgatives, but even then the hæmorrhage which might have followed during the operation seemed entirely to preclude the attempt. Aged patients, also, cannot afford to lose blood, particularly if weak and long ill-fed, as my patient had been.

3. The application of the caustic, even though it be not actual cautery, has the tendency to cause all the parts around to contract. It is my belief that the mere application of a strong caustic so as to destroy deeply, would in time so contract the opening that it would not be necessary to bring the parts together by sutures at all. However, in great looseness of the parts, it appears more prudent to use them, and the opinion just expressed requires direct experiment to prove it.

There were some disadvantages met with in the three cases which require to be noted. 1st. The pain endured by the patients for three or four hours after the application. This is, of course, an objection, but measures could be taken to overcome it by opiates. 2nd. In two out of my three cases a small sinus existed at the lower portion. I am at a loss to understand why it should occur here, but as it was not observed in Mr. Wells's two cases and my first; it was probably accidental. At any rate this is a mishap readily rectified, as it was in my second case. But if the edges are paired and brought together by wire ligatures, the hæmorrhage is inconsiderable, and the cure certain. I prefer not bringing the edges laterally, but from before backwards, the threads being passed from the rectum externally. In one very bad case in which I operated and in which the entire external sphincter and part of the internal

were lacerated the plan succeeded perfectly. We should remember that the disposition of parts is to this kind of union, and it is remarkable how, after a time the sphincters seem to acquire strength and greater power. One or two more practical hints and I have said all I wish to say on this operation.

1. As to the keeping the catheter within the bladder, I think it unnecessary, if the top of the wound is kept guarded by a piece of lint the urine will do little harm, the cut edges being brought together by apposition and not exposed to the contact of urine, however, it avoids all chance of cystitis, so common and so distressing a symptom after the operation, when the catheter is kept in.

2. The vagina should from the first be frequently washed out with cold water, I like it done three or four times in the day, and at night if need be, and especially after the patient makes water. The operation is very grateful to the patients, and keeps the parts always sweet and free from much pain. The ordinary chlorate of potash and lavender lotion is the best I know.

3. I think it wise to remove the deep sutures by the third or fourth day at the latest, the superficial should, I think be removed about the seventh or eighth, but as a precautionary measure the superficial should be kept in until the bowels have been opened by some laxative like pulv. jalap, co., or bitartrate of potash, which produce watery movements, and preceded by an injection of water. I think, also, it is a great improvement of Mr. Brown's to apply the superficial sutures deeper.

Lastly, admitting the disadvantage of sloughs formed by the caustic applied, and the irritation set up by the discharges from the large ulcer formed for the time being, and often so difficult in this situation to heal when once made, this very ulceration has often a very great and favourable influence on uterine congestion. I believe this result obtains when the caustic is used in the perineal operation in lieu of the knife more effectually on the more neighbouring parts. Then once the perinæum has been formed and the two sides brought together into apposition by quilled sutures the uterus must needs become absorbed, because the two causes before referred to, the invaginating action, and the greater weight pulling down at the vaginal end, and from filled bladder, &c., no longer exist. Other reasons have been mentioned by other authors as co-operative, but as these will be found referred to in text books and Dr. Savage's new work on the "Female Perineal Organs," I do not refer to them here.

In conclusion, I may say I do not propose the use of caustics as if I wished them to supersede the ordinary plastic operation, which I have practised and will still continue to do so in most cases, but only in the special instances referred to in this paper when the use of the knife is contra-indicated.

Case of Psychological Intoxication. By J. CRICHTON BROWNE, M.D.
Edin.; Medical Superintendent of the Newcastle-on-Tyne
Borough Lunatic Asylum.

It is well known that the more remote effects of alcoholic excess do also occasionally arise out of arduous study, unaccustomed anxiety, or other mental conditions, but it is less generally understood that its immediate results may also have a psychological origin. Many instances of delirium tremens due to mental perturbation are to be found recorded, but few cases presenting all the signs of ordinary intoxication, following upon shock, surprise, or some violent emotion, have been, so far as I know, described in this country. The calmness and stolidity of the English character perhaps in great measure explains why they are of less frequent occurrence with us than among continental nations of more volatile and susceptible constitutions; while the great prevalence of inebriety here has no doubt sometimes led to a misinterpretation of such attacks. The liability of these paroxysms, too, to be misunderstood, together with the painful circumstances out of which they commonly spring, has probably often induced their concealment, which is of course favoured by their transitory duration. Their real existence, however, has been fully established by the observations of foreign physicians of high reputation though the extent, to which they prevail on this side of the Channel remains to be determined. Certain allied conditions, presenting many traits in common with psychological intoxication, have been ably dealt with as cerebral excitement and hyperæmia, but no illustration of this special disorder as here sketched has, I believe, been included under these denominations. It is no doubt a form of cerebral excitement, at least in its earlier stages, but it far oversteps the limit of this state before completing its course, producing that lowering and ultimate obliteration of nervous energy, which are signified by stupefaction and partial coma. It is no doubt also a form of cerebral hyperæmia, but it is distinguished from the usual types of this malady, and by its highly transitory character. It is, in fact, in its development and issue a parallel condition to ordinary drunkenness, from which, indeed, it possesses only an ethiological distinction.

A. B., a fragile youth of strongly nervous temperament, and hereditarily predisposed to mental disease, after a long series of misfortunes and reverses, was suddenly informed by telegraph of his unexpected accession to what was to him comparative opulence. He was indescribably astonished and overcome by the intelligence, and a friend who was with him at the time was so struck by the pallor which overspread his face, upon reading

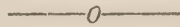
the message, that he inferred that it conveyed the news of some sad calamity. A. B., however, soon recovered his composure, and then manifested that elation of spirits which the circumstances fully warranted, rejoicing over his success with all the intense exultation of an impressionable disposition. In the space of an hour, however, he began to find that his high spirits were getting the better of him, that he was flushed and roused and restless, so that he could not sit still nor refrain from laughing, talking, and moving about his room. He still attributed all this to the natural rebound of his mind on the removal of a load of care. He concluded that a walk in the open air would speedily soothe and tranquillize him. But so far from this being the case, he discovered that the excitement only increased upon him as he strolled about, that he began to grow giddy and to lose command over the procession of his thoughts. He now became alarmed at his condition, for he retained sufficient sense to realize that the extraordinary hilarity under which he laboured, and which was already beyond his control, must be the result of some derangement within him. Assisted by his friend, he made his way home, but by the time he arrived there he was singing aloud in the street, and conducting himself with ludicrous impropriety. Medical assistance was now summoned. He was found lying upon the sofa loquaciously discussing the most varied topics, fiercely gesticulating, bursting now and again into fits of inexplicable and uproarious laughter, and exhibiting no little irritability of temper when contradicted or interfered with. His observations displayed considerable sharpness ; and indeed his friend remarked that he seemed to have assumed new powers of wit, sarcasm, and repartee. He was perfectly conscious that he was not himself, and even shed some maudlin tears when stating this fact, stopping short in his weeping to launch forth into new absurdities. His face was flushed ; his head hot ; his features were animated ; his eyes suffused. His pulse was 100 a minute, full and bounding to a singular degree for so feeble a frame. It was at once suggested that he was under the influence of wine, but this was positively denied both by himself and his friend, the latter also intimating that he was of strictly temperate habits, and had tasted nothing stronger than tea for twenty-four hours previous. Cold effusion to the head was then recommended, but to this mode of treatment A. B. would not submit. After this the excitement became more intense, and gradually passed into a species of delirium. His ideas became confused ; he divulged scraps of the most preposterous and incompatible schemes for his own future. He insisted upon writing letters to all his relations, and only covered a sheet of paper with unintelligible scribbling ; his remarks became incoherent and incomprehensible, while his voice became

thick, his articulation slow and laboured, his expression dull and vacant, and all his movements tremulous. He fell off a chair on which he was sitting and staggered when crossing the apartment. He now (seven hours from the commencement of the attack) vomited freely, after which he became calmer and more collected. He complained of singing in his ears and severe frontal headache. The vomited matter, half-digested food, had not the slightest odour of any kind of stimulant. Cold effusion being now permitted, was freely employed, as the head continued hot and the pulse full. It was immediately followed by heavy sleep, which lasted for seven hours, from which A. B. awoke next morning tranquil and rational, but labouring under nausea, headache, and a feeling of great prostration. Vomiting returned in the forenoon, and about mid-day there was a slight renewal of garrulous excitement. Hydrocyanic acid was ordered, ℥iv. every twenty minutes, which after two doses had the effect of soothing the nervous irritability and relieving the sickness. There was no further relapse, and two days later the patient was going about as usual enjoying his ordinary health.

I can fully rely upon the statement that no stimulant had been taken by A. B. previous to the paroxysm, borne out as it is by the character of the witnesses for truthfulness and sobriety, and by the absence of any alcoholic odour in the breath or vomited matter. I therefore look upon this case as one of psychical intoxication, in which violent and irregular reaction of a brain already debilitated and preternaturally mobile, was occasioned by a powerful emotion. The functional power of the vesicular nerve of every brain has a limit placed to its range of healthy activity, and this limit, which is determined by constitutional conditions, culture, and habit, represents its highest possible vigour for the time being. Whenever it is forced beyond this line, whether by physical or mental stimulants, its activity becomes purposeless and morbid; it ceases to act harmoniously with other functions, and is really deteriorated and diminished, at least in its relations, rather than stimulated or increased. The position of this limit of healthy vigour is of course very various in different persons, and in the same person at different times. It is enlarged by diligent cultivation, and circumscribed, as in the case before us, by mental tension or bodily disorder.

The primary pallor and subsequent flushing of the face in A. B. enables us to refer all the symptoms to a temporary paresis of the sympathetic centres of the head and face, and the vaso-motor nerves of the cerebral arteries. The influence of emotion upon these admits of no dispute, and its operation upon them in this instance is clearly shown forth. The nervous diathesis of the lad, and his feeble state of health, had probably

heightened the intimacy of that relation which subsist between the cerebro-spinal and sympathetic systems at all times. The spasm of surprise awakened in the one was propagated to the other, and called forth a display of its energy, which was succeeded by a transient prostration of its powers. Exhausted and suffering under the effects of shock, the vaso-motor nerves abandoned their work for a time, and allowed the circulation to take its own way, unchecked by normal control. But the shock had been of a joyous description, and no permanent injury was done. So, after a brief period of paresis and repose, tone and strength returned, the old dominion was resumed, and the balance of health restored. It is very important to remark that it is from painful shocks, repeated shocks, or joyful following upon painful surprises that permanent damage accrues. This is explicable upon psychological and physiological data, upon which, however, we cannot here enter.



Railway Accidents or Collisions; their Effects upon the Nervous System. (The Substance of a Paper on that subject read at the last ordinary meeting of the Harveian Society of London, on February, 17th 1866.) By WILLIAM CAMPS, M.D., &c.

THE title of my paper as recorded in the ordinary announcements of the proceedings of our Society, is "Railway and other Accidents attended with Violence, their Effects upon the Nervous System." I shall, however, on the present occasion, restrict my remarks in the following paper to Railway Accidents, in their effects on the nervous system, for as I proceeded to direct my thoughts and attention to the subject merely of railway collisions, I found the field of inquiry so gradually, and at the same time so largely to develope itself, that the subject of accidents in the more general or more comprehensive sense become really too much for me, in part quite unmanageable so far indeed, as to bring it within the compass of a reasonably short communication at one of our ordinary meetings. My attention was mainly, I do not say altogether directed to this subject, during some of my researches and observations on the origin, nature, and conditions of epilepsy and hysteria; for in nearly all the very serious cases of injury from railway collisions that came under my notice, as becoming public property in consequence of actions at law, attended with the penalty of heavy damages, I could not but notice, that, the chief symptoms presented by these unfortunate sufferers were described in the medical evidence on both sides, that is on the sides of plaintiff and defendant as symptoms for the most part of an hysterical or of an epileptic character; I say for the most part, because these, and less frequent

symptoms could not fail as well also to be recognized by the medical authorities engaged on both sides in dispute. Indeed, it may be said, that in most of these disputed cases as at present observed, by far the more prominent symptoms are those recognized and admitted by the medical gentlemen engaged, as assignable to well known lesions of the brain, spinal cord, and their membranes with the nerves connected therewith, or with other nerves or nervous ganglia distributed throughout the body. I am of opinion that a carefully collected, and well-arranged record of these cases of injuries from railway accidents or collisions, and more especially if they can possibly be followed out, or kept under medical observation for some reasonable length of time, after the receipt of the injury, cannot fail to become a depositary of much valuable pathological information, and so, amongst other results, may serve to elucidate not a few of the very important phenomena that we now know to denote a morbid condition of these several parts or organs, just now enumerated; which taken collectively, are expressed by the wide and general term, *nervous system*. One might almost say that there is nothing connected with them that either does not, or may not interest every one of us, yes, nearly every member of the community, for there is no one of us who has not either money to lose, or nerves to shake and to shatter, or bones to dislocate, or to break. There is no one whom some fearful accident on a line, whether occurring in the full light of day, or worse still, in a darkened tunnel, may not injure either *at the time*, in some part of the bodily frame as a sufferer, or *subsequently* in the pocket, either in the capacity of director or of an ordinary shareholder.

And then too, we must remember, that all that is here advanced, will also apply with equal relative force, to every country in the civilized world, wherever this mode of locomotion may be in operation.

In the year 1864 there were killed and injured from causes *beyond their own control*, a larger number than in the preceding year 1863, for, whereas in 1863 there had been fourteen passengers killed, and 400 injured in the United Kingdom; the unfortunate sufferers by casualties in the following year 1864, were in England and Wales twelve killed, and 601 injured; in Scotland, one killed and fifty-five injured, and in Ireland, two killed and forty-two injured, the total in the United Kingdom, being fifteen killed, and 698 injured during the year 1864, as against fourteen killed, and 400 injured in the previous year 1863. The number of railway passengers killed or injured *owing to their own misconduct or want of due and proper caution* was in England and Wales nineteen killed and six injured; in Scotland, two killed, and none injured; and in Ireland two injured; the total being twenty-one persons killed, and eight

injured during the year 1864 against twenty-one killed and one injured from similar want of caution in the year 1863.

The total number of passengers killed and injured from all causes in 1864 on railways in the United Kingdom, was 36 killed and 700 injured, against 35 killed and 401 injured in the year 1863. If we set aside, or disregard the distinction between killed and injured, and take both classes together, it will be evident that there has been a painfully notable increase in the year 1864. Of those killed by accident in the United Kingdom, there were fourteen in the one year and fifteen in the other year, whilst the number of the injured was increased from 400 to 698.

As it is the duty of Government to exercise greater foresight than is always to be expected from the subjects, so too, I apprehend, it is the duty of our profession to exercise greater foresight than is to be expected from the public, who are to be regarded as our subjects. We see this idea worked out to some extent in regard to the science of preventive medicine, and so also, in regard to the subject now under consideration, the travelling, and more especially the shareholding public, must be taught by the medical profession, that a railway accident or collision is no trifling matter to the health, the life, and the limbs, of Her Majesty's subjects, who, when sick or injured, from any causes whatever, fall under our professional care and superintendence. It seems to me that in this pathological subject there are at least four great classes in the entire community that may be said to be interested therein. There is the entire population of the country, whether travelling, or non-travelling, or stationary, the public at large—for all are more or less interested in the welfare of each, and there is none of us who may not, and do not have those near and dear to them who travel now-a-days.

There is, secondly, the class composed of shareholders and officials, as directors, &c., &c., who are largely and pecuniarily interested in this subject of railway accidents and collisions.

There is, thirdly, the unhappy class of immediate sufferers from railway accidents and collisions. This class, of course, I need not say, are the most interested of any.

And fourthly, and lastly, there is the class comprising the entire number of our profession, all of whom are more or less interested in this subject.

The three last-named classes, the shareholders, the unfortunate sufferers, and the members of the medical profession, necessarily, moreover, constitute each their several and respective portions of the first class—namely, the great public at large. It would be quite beside the purpose of this present essay to discuss fully the respective and appropriate interests of

all these classes in the subject now under consideration. Now, what are we to understand by the nervous system, that part of the body personal, which we know to be affected by railway accidents and collisions? By the nervous system I wish, on the present occasion, to convey to my hearers that I would be understood to include the entire nervous mass or masses, with their ramifications throughout the human framework. The brain, including cerebrum and cerebellum, the medulla oblongata, and the spinal cord, with their respective membranes, their ramifications, the nerves scattered throughout the body, together with the trunk and ramifications of the great sympathetic nerve, presiding over the functions of organic life, supplying the several viscera of the body. The nervous system also includes the numerous ganglia, scattered throughout in various parts of the human frame, those most important masses where, doubtless, the blood and the nervous tissue come into the closest possible relations with each other, indeed, in the subject under consideration, I can hardly conceive of extensive injury sustained by any considerable portion of nervous tissue, without the minuter blood-vessels partaking thereof, and conversely, I can scarcely conceive of extensive injury sustained by blood-vessels, without some corresponding degree of injury sustained by nervous tissue, so intimately are the blood tissue and the nerve tissue related to each other in all parts of the human body.

Now, without so much as attempting to enter upon the consideration of the minute anatomy of any portions of the nervous system as I have thus very, indeed, too, briefly described it; yet, from what we know of its extremely delicate textural nature or condition, we cannot but reasonably conclude that one of the sad results of railway accidents or collisions must be the production of altered or perverted structure of the nervous system, the production of living morbid anatomy of such parts, and if morbid anatomy or diseased structure, why, then, in the nature of things, we must have morbid physiology or pathology. If there be diseased or perverted structure, there must be diseased or perverted function. And what do we find in all such cases that have been consequent upon railway accident or collision? Invariably, we observe, according to the gravity of the case, *impaired or perverted motion, impaired or perverted sensation, impaired or perverted emotional, intellectual, or moral intelligence*, and we find, moreover, in such cases instances of impaired or perverted nutrition, or disturbance of one or more of the more ordinary bodily functions.

There is another most important condition or circumstance connected with this subject, which I can now merely advert to,

but which I hope will be taken up in the discussion that will, doubtless, succeed the reading these few hints on the pathology of the subject. I allude to the state or condition expressed by the often applied term "shock to the nervous system," a state or condition of which we often *talk* a great deal, but of which, I fear, we really *know* but very little. Of shock to the nervous system it appears to me that we must admit *two distinct* kinds or varieties, which I would venture to designate by the terms, shock *physical* and shock *mental*; these, as it appears to me, are essentially distinct conditions, and yet are invariably combined in the class of cases resulting from railway accidents and collisions. No one, I imagine, but the unfortunate sufferers can adequately conceive or estimate the effects of sudden terror or fright upon the mind, and through the mind upon the physical or bodily frame. Conversely, the effects of *physical* shock of the nervous system, upon the *mental* state or condition must, as it appears to me, be *subsequent*, and may be some appreciable length of time before its effects manifest themselves permanently upon the mind.

There is as yet no little amount of knowledge to be acquired before these two distinct states or conditions can have their proper pathological bearings assigned to them.

The due consideration of all these cases necessarily open up to us the large and comprehensive subject of concussion—*concussion* of the brain, *concussion* of the spinal cords, and *concussions* of the viscera with their accompanying blood-vessels and nerves.

I forbear, however, to do more than merely advert to this subject, the surgical gentlemen present will, I doubt not, be prepared to do ample justice to so important a part of the pathological conditions involved in these casualties.

As a field, a domain, of pathology, the effects of railway accidents on the nervous system must, I imagine, at present be regarded as almost untrodden and uncultivated. So far as I know there exists, as yet, upon this subject no reliable not to say extensive body of recorded facts. I confess, for my own part, to be very uninformed as to the ultimate results or *consequences* that may have followed upon having been exposed to the sad catastrophe of this class of accidents. Doubtless, from the especial routine of their departments in practice as surgeons, to some of our larger metropolitan and provincial hospitals, many of those who now hear me, can throw more light upon this important pathological inquiry than I can do myself. Yet, as one deeply interested in the entire group of morbid phenomena affecting the nervous system, I claim to have paid some considerable share of attention to many of those cases that have of late become publicly known, from having

been made the subjects of claims for compensation before the legal tribunals of our country.

The extent of the injuries which may be caused by a railway accident are not, in my judgment, very easily or adequately to be realized or appreciated. The actual destruction of life and limb of which we read with so much that excites in us the emotion of horror, forms but a part of the suffering really undergone by the sufferers. There is something in the crash, the shock, and the violence of a railway collision, which would seem to produce effects upon the nervous system quite beyond those of any ordinary injury. In some cases, we are told, the sufferer may not have sustained any fracture, and the cuts and external injuries may be apparently slight to the visual perception of the medical man; whilst, notwithstanding this comparatively and apparently external trifling injury or injuries, yet there may be coincident with all this, such a shock to the system as for a time to shatter the whole constitution, and this, moreover, to such a degree, to such an extent, that the unfortunate sufferer may not altogether recover throughout the remainder of his life, which I apprehend, may, in some instances at least, be reasonably expected to be curtailed in its duration. In an instance on record, the sufferer had been thrown violently against the carriage in which he had been travelling, and was very much shaken, although the only external injury which he appeared to have sustained was a severe bruise over the shoulder. About a month or so, however, after the accident, he began to complain of a sensation of tingling at the fingers, and other symptoms followed which were at once easily recognised and pronounced to denote concussion of the spine.

In fact, it is very probably almost impossible accurately to estimate the amount of injury to health, as well as to life, that may be caused by a severe railway accident or collision. The germs of many a severe disease, hereafter to be developed, may be produced by such a concussion as is caused by a railway collision, and an injury apparently not very severe, may, it is to be feared, not unfrequently be followed by a protracted, if not by a fatal illness; and a long train of suffering of which we may have but a very imperfect and inadequate conception, may be conveyed in the simple, and unhappily not infrequent announcement of a severe, if not a fatal accident in a railway collision.

Dr. Buzzard, in *Lancet*, October, 14th, 1865, calls attention to the importance of obtaining information respecting the after-progress of patients who received injury to the nervous system by railway accidents and collisions, with the three following cases which I have much condensed in this paper.

CASE I.—Aged forty. She was pitched over the division of

a second-class carriage into the next compartment, and remembers nothing until she found herself at the bottom of the railroad embankment. Immediately after the accident, she passed urine involuntarily, and for fourteen days afterwards she had no power over the bladder. She did not lose the use of her limbs. *After lapse of four years*, kept her bed two months after the accident. She has not yet been able to resume her accustomed work at the mangle. She looks in fair health, but aged; her memory is bad; soon forgets whatever she has read in a book; every fortnight or three weeks suffers from a severe headache which confines her to her bed for a day or two. There is throbbing and beating, with flushes of heat; she is exceedingly nervous, and easily startled by a sudden sound.

CASE II.—Aged twenty-three. Was also in second-class carriage next the engine, which was hurled down embankment. Suffered from constant tremor, giddiness, sleeplessness, hammering pain in the head, and excessive nervous sensibility. *After lapse of four years*, has no complaint to make except of nervousness; he has so completely lost confidence, that it is painful for him to drive in a crowded thoroughfare. He was a coachman. He sleeps well, but in the morning his nervous agitation is such, that he is often unable to carry a cup of tea to his lips.

CASE III.—Aged twenty-one. The wife of the above was with him at the time of the accident. Remembers nothing until she found herself in a cab. Suffers from constant hammering pain in the head, and has had epileptiform seizures three or four times. Dreams frightfully at night. *After lapse of four years*, Dr. Buzzard learns that her child died of measles, and that she herself became affected with rapid phthisis after confinement, and died within a year after the accident.

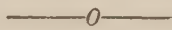
Other cases that I have had brought under my notice present in detail a great variety of symptoms affecting the nervous system, in more or fewer of its parts, and varying in every degree of form and intensity; as, for instance, two or three of those who suffered from the accident at Staplehurst, and also these who suffered from the accident in South Wales.

One of these had awarded to him no less a sum than £7,000 damages, a sum not at all too high, considering the position in life of the unfortunate sufferer. So late as yesterday, at the Court of Exchequer, Guildhall, before Mr. Baron Martin and a special jury, the cause of Price *versus* the South-Eastern Railway Company was heard, on the subject now under consideration.

This was an action to recover compensation for injuries, chiefly arising from concussion of the spine, or spinal cord, or both, sustained by the plaintiff in the accident or collision which oc-

curred in the Blackheath tunnel, in the month of December, 1864 ; therefore, *now, at this time*, more than twelve months ago, and from which the plaintiff is still suffering, and likely to continue to do so. The plaintiff is a young lady residing at Brixton with her father, who is a retired officer in the East India Company's Service. She received, at the time of the accident no very severe external injuries ; however, more important symptoms of sustained injuries subsequently developed themselves. Dr. Fagan, Dr. Bridge, Dr. Walshe, and Dr. Reynolds were called and examined as medical witnesses on the part of the plaintiff, and their combined opinion was, the plaintiff is even now, at this distance of time, from the occurrence of the accident or collision, suffering from a permanent and progressive disease of the spine, produced by the accident, and from which, in their united judgment, she is not likely to recover. In this case, the jury awarded to the plaintiff, as damages, the sum of eight hundred pounds, in addition to four hundred pounds already paid into court, making a total in amount of damages, of twelve hundred pounds.

Upon the subject of treatment of these unfortunate cases I need not now enter ; for each of the cases must be taken on its own merits, and treated according to its individual needs and requirements. This much, I think, I may say, in the general, that in *almost* all, if not in *absolutely* all of them, complete *rest* and *repose*, both of body and of mind, will be the great point to be aimed at by the practitioner ; and further, in some of the cases stimulants, and counter-irritants will doubtless be required. All these points of therapeutical interest and inquiry must, however, be left to the practitioners in attendance. They do not in any way directly come within the scope of this communication to the Society.



On the Early and Timely Use of Medicinal Means in the Treatment of Disease. By GEO. K. H. PATERSON, of Perth, L.R.C.P., L.R.C.S. Edin., &c.

THE strikingly obvious and great progress of medical science, and advance of the practice of medicine at the present day, must consequently enable every observant and truly devoted physician with greater confidence to give more effectual and larger aid and relief to suffering humanity, as well as from experimental science of the future, lead to other important discoveries highly beneficial to the latter, and every earnest-minded medical practitioner will feel all the more encouraged on account of the onward march of medical science, to go on gladly and hopefully in his mission of healing, while striving to do more

good, and humbly following in the footsteps of those excellent minded and noble-hearted men, past as also present, in the profession, and great benefactors of the human race.

How far a large number of the disorders that prevail are curable depends to no small extent, certainly on the early and timely use of proper medicinal means for their treatment. There are doubtless constantly occurring drawbacks to the more speedy cure of many patients (the poor especially); their disorders are often pretty well advanced before the medical practitioner see such; and on this account also the diagnosis is delayed frequently till it is too late. As regards medicine, it is startling and somewhat perplexing to find a number apparently who show even now a want of faith in, or doubt the curative power of such; moreover, in treating several diseases, without mechanical aid, they hope to arrive at a more accurate knowledge and results, as also curatively. Be, however, that as it may, the physician's place and bounden duty surely is, not only to ascertain primarily always the cause and symptoms of any given disease, but to guide and watch the course of it, and also to aid Nature when it is necessary, and in many other disorders by the early and timely administration of the most proper remedial means according to the best of his judgment for the speedy relief or cure of such. It is granted that doing little by way of medicine may be deemed at times advisable, and found afterwards to have been sufficient in the course and cure of a few diseases of mild character, but a mode of treatment of this kind cannot reasonably or safely be trusted to in other diseases of a more grave nature; nor is it very rational-like to undervalue medicine so much as some do at present, without apparently any feasible grounds for doing so. How can it be thought reasonable to leave a disease almost—that may become for ought we know speedily dangerous—to the chances or unassisted efforts of Nature for too long a time, or nearly the whole of the course it is said to run without medicinal aid, and appear meanwhile more like a looker-on rather than a ready, timeous, and skilful helper of Nature, to throw off the disease. Those who approve of this do-little mode of treatment think they are in the right, and would make the curing of disease a simple matter; indeed, so very simple as to tempt the unexperienced to believe in it too much, and to follow such mode in some dangerous disorders, and only to find out their error when it is too late. It looks rather strange for anyone to say or assert that medicine given internally for disease does not do so much good as is thought generally, when many facts prove daily the contrary.

At the same time, it is freely admitted that cases of disease occasionally occur which will do much better with less medicine given than hitherto. But what reasonableness is there in giving too little medicine, or administering it ineffective and not

at all adjusted to the present necessity of the case or morbid state of the abnormally acting system and vital power; and if to put little faith in the medicine given to our patients is the best and wisest plan, what good will come out of such a mode of treatment to the latter? What of the risks to life and limb to be run by following such a mode? If none is to be feared (of which I have my serious doubt), much mental toil and labour has been undergone hitherto to little purpose. Still, if Nature makes continual efforts in disease to resist the latter, and is liable to be worsted, then timely and proper medicinal remedies given cautiously as well as curatively, and to help Nature, can (with rare exception) never be unimportant or stand in her way to throw off the disease, but rather is often and in certain diseases nay imperatively and presently called for, and the earlier aid is given by competent skill the better.

Lowly, poor, human nature, more especially when suffering at any time from painful or protracted exhausting disorders will often require timely aid, either medicinally or along with good and suitable nourishment, and I trust shall always get treatment of a rational, considerate, and humane kind, from all of us, if possible. It is true medical men at times are thought by some individuals to care only for the *body* itself, and not so very much for their spiritual interests—all may not, but ought to be seriously mindful of the latter and many of a truth are so, and speak “a word in season” to those ill, and who are in a state to be benefited by such and with much effect, not only in allaying the “UNREST” of mind so often found to accompany now-a-days many of the disorders of the sick and suffering, but also in producing a calmly hopeful and cheerful “inner life,” highly conducive to the best interests and the relief or cure of such. Also the need for and power of this all-important aid is frequently felt and observed, as, for instance, when the physician skilfully uses his means and by Divine assistance is enabled to invigorate life’s flagging energies under disease and give relief, or he may just arrive in time to help to preserve when near extinguished, “the flickering spark of life,” until Nature shows ere long hopeful signs of reviving vitality and consciousness. It will not be denied that illnesses so serious as these and happening often suddenly, impart lesson upon lesson, which by timely reflection only can be made practically available in expected and occurring emergencies incidental to hidden disease within the human frame or in daily life. Precious opportunities for study and may be laid to heart, are afforded us every now and then at the sick bedside, and where the physician himself can often do great good by giving, during his visits, a dose of the proper medicine to his patients. It is at such a time he can best follow up or not what he has previously achieved by administering if required less or more than before, according to

the stages or symptoms of each disease present. A small pocket-case of various medicines (in glass phials) carried with the medical attendant is very serviceable for the aforesaid purpose. It is readily available and gives the patient considerable advantage as it tends towards his more speedy relief and recovery, because when the medicine is merely prescribed there is often much time lost before it can be procured, besides the uncertainty of its being given or taken in the way it was ordered, or a different medicine may at any of the visits be required INSTANTER. SPECIFICS cannot suit all stages of disease: it will be an *ignis fatuus* to each who think so.

Hippocrates is well worthy of being borne in mind in one of his sayings, "So to act, if you do no good, you at least may do no harm." Also a great and constant duty it must ever be to study well (in disease) how much to leave to Nature to do herself in the cure, and how long to let her alone unassisted, and meanwhile to watch closely, so as to know when to give or withhold medicinal aid internally or remedial externally. Let every means applied or administered have their due place, including hygienic rules and medicine too, and a share in helping Nature towards a cure. Truly in this lies much of our success, although not always kept in view.

Besides, let us therefore, with all our past experience and present advantages endeavour by early and timely treatment to cure disease, nor "bate one jot of heart or hope" to try to relieve our fellow sufferers, while enlivened with the expectation of highly-important as well as deeply interesting and enlightening views yet to come, as from Henside's words—

"What high capacious powers
Lie folded up in man."

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A Case of Dermoid Ovarian Tumour, Escaping per Rectum.—Recovery. By E. C. GARLAND, Esq., of Kingston, Yeovil, L.R.C.P., M.R.C.S. Eng., &c. &c.

MRS. —, æt. twenty-five; has always been delicate, being of strumous diathesis. Menstruation began at thirteen and then whilst at school at Brighton, it ceased for about fifteen months: but from that time until her marriage she was perfectly regular.

She was married in September, 1859, and supposes she miscarried twice during the early months. She ceased to menstruate in April 1860, and had (as was supposed by the medical man who attended her in London), all the early symptoms of pregnancy; I believe a nurse was even engaged. She continued ailing, and on Sept. 5th, about five months from the cessation of the menses, something seemed to burst within

(these are her words) and a mass looking like flesh with what appeared to be a small bladder passed per rectum.

Sept. 9th.—She came into the country and was placed under my care, this would be five months after conception *supposing* she was *enciente*. I could detect no actual symptoms of pregnancy—she complained of feeling sick in the morning, but if pregnant I considered it to be quite a recent affair. She was suffering from great debility and experienced uneasiness hardly amounting to pain in the iliac region, where there was an amount of fullness on the left side. For some time she had suffered from diarrhoea.

Upon examination of the motions very little *fæces* appeared, but there was a considerable quantity of very offensive purulent matter. This discharge of purulent matter, occasionally amounting to even pints at a time, continued until October when a large tuft of hair was found protruding from the anus. Slight traction was made but as it gave pain of course it was not continued; upon passing the finger nothing could be felt, but the hair was loosed at the side of the rectum some few inches up, a ligature was passed around and the external portion was removed (and is in my possession). Upon application of the speculum the hair could be seen protruding through an ulcerative opening of the rectum large enough to admit the finger, and it was decided to leave matters as they were. Some short time after a considerable homogeneous mass mixed with hair passed, the matter continuing to pass in larger quantities until June, 1861, when hair again appeared, a few hairs at a time, and this continued occasionally until June 1863. At the end of ten months from the date she first came under my notice she began to improve, gaining strength, but an impediment existed to the passage of the *fæces*, the motions being deformed. On the first of August 1861, she began menstruation and has continued regular ever since, experiencing but little uneasiness at these times. In September 1861, she returned to town, but I occasionally saw her until June 1863. For the space of two years and nine months her health improved, the impediment always existing and the hair occasionally passing.

In June 1863, I received a note from my patient from which I will quote “I feel glad to be able to tell you that I think something has passed to-day, which will throw light on all my illness. It seems as far as I can judge to be the not properly developed head of a child, hair is growing from it and there are two substances very like teeth attached to it, it gave me a little pain while passing, but is not so large as the mass of hair, &c.” (She alludes to the mass which passed after the first discovery of the hair). The following day I was sent for as some considerable hæmorrhage had continued, but she soon rallied and has continued quite well ever since.

The following is Dr. Tyler Smith's description of the tumour which I believe is in his possession, he having been consulted on several occasions concerning the case :—"The external surface of the tumour consists of dermoid structure, sprinkled with coarse hairs. Two large irregular teeth project from one part of the surface. Internally the mass is composed of fatty matter. It is probably part of a mass of similar formations. This seems evident from the extent of the discharge and the hair passed by the rectum. Inflammation must have occurred in the cysts, followed by adhesion to the bowel, and the tumour must have passed by suppuration slowly into the rectum. It was discharged partly piecemeal, and partly in the mass last alluded to."

(To be continued.)

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CUTANEOUS MEDICINE.

BY CUTICLE.

THE winter session is fast coming to an end, and the student after a few weeks delay will again set his working faculties in motion. But the summer session brings with it a change of topics. The hard dry facts of anatomy, give place to the more pleasant, almost pastime, botany. Physiology is replaced by materia medica; the courses of surgery and medicine proper, resign in favour of pathological anatomy, comparative anatomy, and lesser other subjects. On the whole the student's time is decidedly less filled up than during the winter session, and this relaxation is also noticeable in reference to his doings in the wards of the hospital itself. Those who have worked the hardest in their day will probably allow that thorough steady work is much more easily accomplished in colder weather, and will argue that the requirements of health demand a more lazy regime in the summer compared with that of the winter session. Fully recognizing the truth and justice of this feeling, we would still call attention to one subject which demands really urgent attention at the hands of the framers of our courses of medical study—viz., the study of diseases of the skin. If it be affirmed that the student's time is already too much filled up, then we would reply that this branch of enquiry is of much greater importance than many others to which a large share of time is allotted. Besides, a little additional trouble would, with very little modification of present machinery, make the large mass of material, now utterly neglected, available for teaching purposes, provided satisfactory teachers are to be found.

Many circumstances have tended of late to awaken attention

to the whole subject of dermatology. For several years past every now and again the pages of medical journalism contained announcements of forthcoming works or essays, whose actual births have for the moment made some little stir, but whose future progress, with very slight exception, has been insignificant. Not long since the *Lancet* noticed with approval the bent of observation towards the subject, and the *Medical Times* has given an outsider's view, in several most impartial and well-considered articles on "Modern Dermatology." The *Dublin Medical Press* has also called attention to our disgraceful shortcomings in a late number touching the matter of cutaneous pathology, as especially exemplified in the case of rinderpest eruption. The St. John's Hospital, started under the wing of Mr. Erasmus Wilson's favour, collapsed suddenly, though it opened with great promise of success and usefulness. Changes, too, have been going on at the Blackfriars Hospital: the resignation of Mr. Startin has been followed by the appointment of two other surgeons, by-the-bye, both specialists of another kind, the one devoted to ophthalmic, the other to orthopædic surgery. Two more insignificant institutions exist in town, but not one of them is wholly free, and they all may be looked upon as "pocket boroughs," which in no way afford any satisfactory clinical teaching. Now, if we glance at the various hospitals, we shall discover some special teaching at Guy's and University College, and perhaps St. Thomas's, but even here the teachers are specialists also; in the two former instances the one is recognised as devoting his studies to abdominal, the other to sanitary matters and children's diseases. King's, St. Mary's, St. Bartholomew's, St. Thomas's, Westminster, and St. George's make no provision in their curricula for any training in diseases of the skin. What do we find then? That there is no single instance to be found in connection with any of our London hospitals of a man devoting his attention solely to the study and teaching of diseases of the skin: not a single instance; and of the two leading authorities, neither is connected with any clinical hospital, and neither in any way conduce to the furtherance of clinical or theoretical teaching, so that absolutely skin diseases go a-begging, and are houseless altogether. They have no friends, and therefore get kicked about from one department to another in the out patients' quarters of our large hospitals. The consequence is, that there is an entire absence of authority, and men go wrong on elementary points from the want of guiding hands. Perhaps the character of the reviews which have lately appeared may help to give us an insight into our position. Every single notice which has appeared of late has been of a laudatory character, be the systems of classification and matters of detail adopted and given by authors ever so

opposite. Errors of diagnosis, errors of quotation, errors of detail have all been overlooked. There has been a decided leaning towards the notions of continental authorities, and we are reminded forcibly of this by the announcement of a translation of Hebra's work from the Sydenham Society. Willan's death knell seems close at hand; steadily the current of decided opposition has been gaining force, and now threatens to completely overwhelm his system. To the rescue comes the article in the last issue of the *British and Foreign Medico-Chirurgical Review*, in which an attempt is made to show that Willan's system has a capacity for development quite in harmony with the progress of pathology. It must not be supposed that Willan and Bateman's system has succumbed to the observations that have been made since its first establishment, for these have been literally none almost, and it is probable that had Willan been succeeded by pupils or immediate and successive workers, his system, which he framed into an imperfect structure, might have been developed into something much nearer the truth than any other system or style yet proposed for adoption. We confess his arrangement carries with it a manifest conviction of the truth of the principle upon which the various affections are classified, though *the arrangement of details* may not be such as we are able to give our adhesion to.

We should be in a much better position to judge of the true state of the case had we any opportunity of ascertaining and watching carefully, day by day, the natural course of the commonest diseases of the surface. This is denied us in England. Until we have had this experience, it is impossible for us to decide what are the real types, and what are the possible variations from that type. Willan's system supposes that there are certain typical instances of disease, and the history of diseases in general, warns us that we can by no means expect to see these perfected in all cases, but that a considerable modification may be expected in all and every variety. Dr. Fox has argued this matter out in the article referred to in the *British and Foreign Medical Chirurgical Review*. He says that certain diseases employ one mode of operation or mechanism—viz., inflammation, that therefore certain similarities are to be observed between the same stages of many diseases, that for example as eczema has a tendency to reach the vesicular stage, and in doing so is necessarily erythematous, and papulous in an early period of development, so by abortion either of these two may represent the total disease, hence the disease could resemble under certain circumstances, either erythematic or papulous diseases *ex-lichen*, but he argues that the papulation or the vesiculation, or erythema of the several diseases, are quite different in

nature because dependent upon a different cause, possessing close resemblance only because employing the same *modus operandi*. Diseases thus have a wide range of variation in aspect, a polymorphism as it has been called, but taking the total disease, a great and sufficient distinction is observable. This is the fullest development of Willan's doctrine, and we confess that it is not only very plausible but very consistent with the whole clinical behaviour of diseases of the skin in general. It teaches that the ordinary diseases of the skin, such as eczema, lichen, psoriasis, are quite distinct in their nature, a doctrine opposed to the teachings of Hebra, Hardy, and others.

Hebra really bases his division of eczema, under which he includes lichen and some other diseases upon the fact that a papula may become a vesicle and so on, as seen in the use of croton oil liniment to the skin, but this in no way proves that all papulæ are the same : if he used this argument at all (that is to say, because erythema becomes a papule, and a papule becomes a vesicle, therefore lichen, eczema and pityriasis rubra are the same, for this is the real fact of the case), why not apply it fairly, and declare that all papules and vesicles are the same, in fact there is but one kind of inflammation and all inflammatory forms of skin disease are the same in nature and only stages, the one of the other, a *reductio absurdum* which evidently must follow the fair and legitimate application of the argument made use of by continental authorities to establish the identity of some disease which, according to Willan, are distinct.

The real truth at this stage of the complaint presented to the observer seems to falsify the statement, that eczema, for example, is a vesicular disease, whereas this is not the case in reality. Willan's views have never had fair play ; and we confess that one of the greatest boons would be the re-issue of Willan's work, brought up to the requirements and knowledge of the present day. It would be most fitting at a time when the appearance of Hebra's work would afford the opportunity of instituting a thorough comparison between the merits of the two opposing systems. There is one point of view to which attention should be carefully directed, and it is the possibility that in consequence of difference of climate, of habits, of modes of life and living, a considerable contrast even, may be exhibited by the same diseases in different countries. Indeed, there is quite enough evidence to warrant us in asserting that no account given by continental can be held to represent accurately analogous conditions of disease in England. If we want an example let us bring forward the state of the hair as illustrative. The blonde, the fair Saxon, and the dark races, abundantly testify to the influence of climate. Scabies too is an admirable example in actual disease. It is scarcely the same in Vienna, London,

and Eastern climes, so wide a range in outward aspect does it present. Clearly to do justice, we must contend about all things for the establishment of an English school, as has been insisted upon by Mr. Wilson, who is keenly alive to the point we have noticed. The chance of such a thing ebbs at a very low pace. It would be no difficult task to point out that the majority if not all of the embryo men who are aiming at authority in dermatological matters, have obtained their knowledge chiefly from abroad, and consequently favour the non-recognition of the important differentiation which obtains in cutaneous maladies of our own and foreign countries. Foreign views have undoubtedly gathered to themselves a current whose force augments each day ; it has drawn in the influence of Mr. Erasmus Wilson, who, however, leaves himself a loophole in the indefiniteness of expression with which he has shrouded his last definition of eczema. The author of the article, Modern Dermatology, in the *Medical Gazette*, has also felt the suction power of the vortex, and plunges somewhat unhesitatingly into the stream.

The Willan system when more fully developed would comprehend not only the special states of blood, but also what has been almost entirely lost sight of, but is now assuming its proper significance and import—local tissue actions. The best exemplification perhaps that can be given is afforded by the case of lupus. In this disease we have certain peculiar endogenous cells, which are infiltrated into the ulcerating parts, and by whose growth and reproduction it extends. Mr. Moore has very recently worked out the same idea in his paper on the local origin of cancer, an examination of the subject which demands most attentive hearing on the part of everyone who would understand the pathology of changes of surface. We have by far too little regarded diseases of the skin as involving a mutual co-action of blood and tissue. Our treatment is based almost entirely upon the idea that there is a something (*a materies morbi* we call it) in the blood, and that we may eliminate this, or in one sense kill it, by the universal panacea arsenic ; but if pathology teaches anything, and this is really involved in Willan and Bateman's system, it teaches that the cell and other structures of the skin proper, the glands, the hairs, and the vascular and nervous apparatuses, have a somewhat selective action, and that they respond to certain peculiar changes in the blood current being thereby nourished in a different way, or setting up some resistant action, thus producing through the mechanism of nutrition and its ally inflammation—modified results which constitute for us diseases of the skin.

We happen to know from whose pen the article "Modern Dermatology"—referred to many times—came. The author is no specialist in cutaneous matters, but has given, perhaps, the

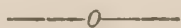
fairest digest of our present knowledge that could possibly have been planned, and we are pleased to be able to accord to him full praise and compliment. But, analyse the condition of things which the details paint. In classification there is total disagreement amongst writers; French, English, German; yet no just reasons have been brought forward indicative of the unsoundness of Willan's system, which is admitted on all hands to be the very best for teaching purposes. As to causation, Mr. Wilson goes upon the principle of including everything unusual as a cause, and Hebra just runs upon the exactly opposite tack. His remarks on psoriasis, touching this matter are amusing. As to nomenclature, it is shifting, confused, glutted to overflowing. The meaning of terms sanctioned by long usage, has been altered and modified by many observers according to their own particular fancies. An innovation is the use of photography for the purpose of representing diseased states; to a certain extent this is a benefit, but it is the artist, and not the dermatologist, who deserves the credit. True, to some extent it makes the ignoramus acquainted with certain appearances on paper, which he may try, and does often recognise on the human body. We have no word to say against this. Certainly, the most beautiful we have seen, were exhibited by Dr. Tilbury Fox at the Pathological Society some time since, and were taken from actual cases of Mr. Erasmus Wilson; but we lay little stress on this matter. Give us a carefully worked out series of clinical observations in preference to a host of representations. The article referring to the total difference of opinion which obtains a reference to animal and vegetable parasitic diseases winds up with a tribute of praise to the labours of Bazin, Hardy, and Hebra.

By no means is all this a satisfactory state of things. How is a bettered condition to be obtained? The voice of authority is nil; our two leading practitioners are quite absorbed in their practice, and not very young. The most easy way would be for the various examining bodies to insist upon a proficient knowledge of skin pathology at the hands of students presenting themselves for examination. We commend this idea to the serious attention of the leading members of the profession. Depend upon it, if such knowledge be demanded, it will soon be supplied by some device or other. That men should be compelled to seek for the acquirement of learning in other countries is a disgrace to us, especially as this involves an error of principle much to be avoided.

If it were possible to invent some sensation plot interweaving the principles of skin pathology, perhaps a little more attention might be devoted to the matter; as it is, the only thing to be done is to protest against the errors of diagnosis, the empiricism of treatment, the ignorance of pathological details, and the vast

amount of waste of materials ready at hand to furnish clinical instruction ; all of which are simply caused by the mere neglect involved in our professorial system, which has been so much vaunted of late. The public will one day take the matter into its own hand, as it has done with the rinderpest, for it is now pretty well alive to our inattention as compared with that of our continental medical brethren.

Finally, we would be understood as implying the necessity of the possession, on the part of the dermatologist, of all that general medical knowledge which makes the accomplished physician. The present is a most fitting time for some radical and serious alteration to meet the deficiency which is as well illustrated by the want of confidence, with which nine out of ten practitioners exhibit in treating skin affections, as the uncertain statements about classification or any other *pons asinorum* ; and we appeal to those in whose hands the guidance of the student's curriculum rests, to come to the rescue of this subject, which bids fair, if left unhelped, to be in wondrous confusion lost.



MEDICAL PROTECTION.

It is surely high time that some effective measures should be taken for the protection of our profession from the host of unqualified persons who fill their pockets by unlawful prescribing. The educated and wealthier classes of society are not without blame in this matter, and they are often punished justly enough for their folly. But it is, after all, the poor who are the chief sufferers at the hands of the quacks. And so with the doctors. The well-to-do portion of the medical community loses in this way perhaps but little ; but with our poorer brethren it is almost a matter of bread and cheese.

Some wise Frenchman said in reference to female doctors, that there were already more medical men than sick folks needing their services, and that therefore more—even though ladies—could in no wise be required. But we will venture to say that if medical men were remunerated even but a little for every case of sickness they attend, very few, if any, need complain of indifferent circumstances. And if all cases of sickness that actually occur were to be treated only by qualified members of the profession, we should be rich men.

Many circumstances have contributed to bring about the state of things that actually exists, conspicuous among which, however, are defective and indifferent legislation, keen competition and, above all, the “advice gratis” system. This last bears much the same relation to medicine that the Old Man of

the Sea did to Sinbad ; it is an incubus—an abomination which we should be well rid of at any cost.

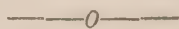
What can be more demoralizing ? What can so lower a man's self-respect as to give for nothing that which has cost him many years of unremitting toil—his experience, his judgment, his opinion—that which distinguishes him from the tradesman and the mechanic, and then to demand eighteen-pence or a couple of shillings for a bottle of physic the intrinsic value of which may not reach sixpence ? To be paid for what is in the bottle, and not for what is in the head, is humiliation indeed. And the effect on the mind of the patient is no whit less deplorable ; he values the “stuff” for which he pays, and despises the advice which is thrown into the bargain. He associates the doctor not with cautions and counsels, but with pills and potions ; and if presently he tells you that he has before got “advice” from Dr. Brown the chemist, blame yourself for the blunder that throws druggist and surgeon into the same category in the poor man's mind. In these days there is a great deal too much “gratis” work in all branches of our profession. There is no practical man who does not know that the class attending at or attended from dispensaries, for instance, consists largely of persons disliking payments, rather than unable to pay, and who prefer being treated for nothing, to defraying the mildest doctor's bill in the world.

And then again there is the chemist prescribing daily with a truly fatal facility ; and, moreover, with a gusto and *bonhomie* that would be charming to witness were it not so serious to reflect upon. And to this let no one reply that some doctors keep chemists' shops, because in the first place any medical man holding the apothecaries' license has, should he so think fit, a perfect right to keep a shop as well as to practice as an apothecary ; whereas the chemist has not and cannot have the slightest right to prescribe under any circumstances whatever. And, secondly, because as a matter of fact the vast majority of medical men very properly do not keep shops ; whereas it is the exception to find a chemist who refuses to prescribe whenever he gets the chance. Every dispensary medical officer will be willing to admit that a considerable percentage of the cases that come before him, state as a part of their history that they have been to some chemist and spent there what they chose to afford, or perhaps all that they really could afford, and then, finding themselves worse or no better, they come to the doctor to be healed gratuitously. The chemist is paid for doing the mischief, and what is more, for doing it illegally. The doctor is not paid for setting matters to rights, though in so doing he exercises his lawful calling.

Some time about the Greek kalends, perhaps, the Medical

Council may give us that protection to which our registration fee entitles us. Until then, by greater unanimity and good feeling let us do our best to protect one another. Sinking all petty jealousies and differences, let us make common cause against all the tribe of charlatans and impostors who flourish in the loopholes of the law.

EPSILON.



SPRAY.

“Some fancies like the solemn waves
That rush along the bay,
Sweep home again to quiet graves;
But some are like the spray
That higher up the sounding shore,
Flung from the foaming whirl,
Escaping to the deep no more,
Tremble in scoops of pearl.”

“SPRAY.” Macmillan & Co.

OF SPRAY ITSELF.

THERE are many kinds of spray. First, the cool, refreshing, almost imperceptible sort that greets the wan cheek of sickness on the shores of the “sunny south,” or the balmy west,—there is the perfumed spray of odorous fountains in eastern palaces and fairy tales,—there is the cold and chilling spray that comes landwards with the “cruel crawling foam” that gloats over the drowned fisherman,—there is warm spray from the hot springs of Iceland, and the fiery spray of ocean volcanoes, and the “Medicated Spray” of Dr. Siegel and others, and the “Ethereal Spray” of Dr. Richardson, which latter, by the way, is anæsthetic, which we hope that of the MEDICAL MIRROR is not, or at least not “sleep-begetting.” And every tiny drop that helps to form spray of whatever kind, is it not, small as it is, a “mirror” wherein the whole universe of suns and stars, and whatever else is born of light, is, or may be, mirrored and reflected, aye, and refracted too, and its light broken, as it were, into loveliness and rainbow hues, if only the sun be shining brightly. But let heaven be overcast, or the onlooker’s “eye be full of darkness,” and he shall then complain that these mirrors distort the image they reflect.

Let a man be dyspeptic, and look on things with a jaundiced eye, and he shall see in the harmless spray borne landward by the sea-breezes only an enemy to the broad-cloth of respectability, or the silken robes of beauty. *Apropos* of this, is there not a legend of a fair Belgravian, who objected to the lovely coasts of Devon, on the ground that this said “spray” “makes one’s curls so limp, you know, mamma!”

These limp curls strike one as much like the way in which some men’s creeds hang about them, and behave themselves at

certain times. Every little damp and drizzle from the seaward is enough to put them out of propriety. An old skull found somewhere in the peat, or a little deeper down, disturbs not their digestion, but their devotions. Or as a clever poetess puts it—

“One with a pickaxe digs, and thinks the shock
Shall shake the mount of God!”*

Is not a secret infidelity at the root of much noisy orthodoxy? Or is it because “the eye of faith is dim” that mere spray is able to blind or to dazzle it? How otherwise should the meaning of the January “MIRROR” on the “Old Libel” have been so misunderstood in certain quarters? The writer of that paper has been accused of a complete pentagon of heterodoxy—namely, as follows, *imprimis*, of creating a new saint, to wit, Saint Shelley—and next, of undermining, or attempting so to do, the “foundations of belief,” by another of “ridiculing the most serious subjects;” whilst a fourth considers the allusion to “brimstone theology” to be a covert sneer at the doctrine of rewards and punishments; a fifth imagines that the remarks on prayer were intended to deny both the obligation and the efficacy of all intercessions. Dear Friends, let us be serious. The sea-walls and old defences of Truth will never be worn away, or caused to crumble down by spray of any kind; nay, even the wild waves of error are powerless if the house be only built upon a rock. Our spray at worst would only wash away a few cobwebs from the walls. And as to the broad-cloth aforesaid, let us say, and say it without bitterness, the moral seems to us to be—“Don’t wear your best clothes everywhere.” It is gentility rather than nobility that sports its best attire out of doors. But lest any, through misunderstanding of our meaning, or for our own fault of want of clearness, have honestly been pained by aught that we have written, let us say once for all, that in condemning the bedside ministry of some, we alluded only to those whose aim seems to be, unlike the Great Master they profess to serve, to “quench the smoking flax, and break the bruised reed,” that in regard to prayer we spoke only of those prayers, which attributing to the Deity that which we had brought upon ourselves, appeared to us to savour rather of impiety than of devotion. Lastly, that the whole aim of the article in question was defensive, and not offensive; and that we did not wish to write a single line to hurt the feelings of honest piety, or to throw a single stumbling block in the way of a sincere faith. With these disclaimers the subject must drop. A medical journal is not the place for theological discussions, and it is only as a “mirror” that it occasionally reflects the religious aspects of the profession it represents.

Ἰατρὸς.

* Jean Ingelow.

MEDICAL LITERATURE AND OPINION.

THE *Lancet* in an article on the resemblance between cattle plague and small-pox, and on the results of vaccination and inoculation with variolous matter does not seem to consider that any continued immunity is obtainable from either methods against the infection of the cattle plague. The disparity of opinions and conclusions respecting the nature of cow-pox is pointed out. Jenner held that cow-pox was small-pox modified by the constitution of the cow. In recent days Foreign and English experimenters have related results confirming the theory of the immortal Jenner. In recent times Messrs. Ceely and Badcock have said that the inoculation of the cow with the matter of human small-pox produces in them ordinary vaccinia, from which successful vaccination has been performed on the human subject. The late Dr. Gregory again held different views, as he considered small-pox and cow-pox to be antagonistic affections—viz., that cow-pox instead of being a variolous disease is simply non-variolous. Dr. Gregory relates a case in which small-pox virus was inoculated within the areola of a vaccine-pustule, producing both vaccinia and variola simultaneously. This would appear to be conclusive as to the antagonism between the diseases. A more conclusive and a more dangerous experiment would appear to have been practised by an American physician. He inoculated a cow with small-pox in order to produce fresh lymph for vaccinating human beings. On vaccinating them, however, he produced contagious small-pox, which was fatal in three cases.

It would appear, therefore, as regards the cattle plague, that the results of our scientific men's labours are just nothing, and that Professor Gamgee, in advocating the poleaxe, has justice on his side, and the recent government measure seems to show that practical farmers and their landlords are of this opinion.

In another issue the above journal refers to the rapid absorption of the open spaces around London, and it warns the Commons Preservation Society to keep a sharp look out on a system known as the "sweating of commons," by means of a rolling fence, or the digging of gravel-pits, or by making dust-heaps and by cutting them into a network of roads.

The claims of the Seamen's Hospital Society are urged. The medical officers of the *Dreadnought* ship for seamen having pointed out glaring evils in a floating hospital, government is asked to give up Greenwich Hospital to them.

Owing to the new regulations regarding our Greenwich pensioners, the grand old place has fewer tenants.

In the January number of the MEDICAL MIRROR, we gave a criticism on the play of "Never too Late to Mend," pointing out that the functions of the Prison Doctor found no place in this sensation drama. It would appear that a leading article writer in the *Lancet* has been deeply affected by the horrors of the "silent system," as portrayed in the wonderful piece of acting at the Princess's. He is eloquent in favour of the Fenian prisoners who have been sentenced to imprisonment at Pentonville. We have no sympathy with Fenianism, and we therefore consider the "silent system" to be peculiarly fitted for their offence of stirring up the worst passions of the ignorant poor by means of their seditious writings and con-

versation; but if some variety must needs be allowed, a little wholesome corporal punishment would act as an occasional surprise to these "men of active mind and impatient temperament."

Another impression of this journal has an article on the degeneration of race based upon a paper in *Fraser's Magazine* for this month, and an article in the French *Military Spectator*. The *Lancet* observes that the standard in our own army has decreased, but we have a shrewd suspicion that if we only raised the pay and prospects of our soldiers, we should have no difficulty in getting as many fine men as we require. As it is, our emigrant ships carry off our best men to our rising colonies, and to our cousins across the "herring pond." If French authors choose to tell us that their service is deteriorating, it is their affair; but it is certainly a comfort for us to know that our ironclads will require the less protection in case of our present peaceful relations becoming overcast.

Dr. Maclean, the Professor of Medicine in the Army Medical School at Netley, writes two interesting papers in the *Lancet* on Cholera. Any information on this disease is welcome to the great body of practitioners in the United Kingdom, and there is no man better able to speak on this subject than Dr. Maclean, who has had immense experience in the treatment of Asiatic cholera in its native climate. We will therefore give a short abstract of his views:—

Dr. Maclean considers that this pestilence is propagated by human intercourse, and he shows that it generally appears first at a seaport in our island, which is in communication with some foreign infected port or country. How pilgrims in the East carry it along with them; how our troops infected with it meeting others on the line of march communicate the disease, &c., &c. This theory is also dwelt upon by Dr. Budd. He insists, as preventive measures, on proper sanitary precautions. Latrines and urinals must be looked to and properly disinfected. Then the water supply must be inquired into. He tells the young military doctors that they must ever be prepared to offer resistance to this scourge, for in India there is no knowing when it may come down upon them.

The Professor was shocked at the loss of the late Medical Officer of Health for Southampton, but it would appear that he had neglected the premonitory diarrhoea that in some types of cholera exists. This lamented gentleman had suffered for thirty hours from this diarrhoea, but he despised the indication of danger and perished.

Dr. Maclean recommends the recumbent position in this premonitory diarrhoea, and the use of a warm stimulating draught in combination with opium. He speaks highly of the following preparation, which is intended to promote reaction in diarrhoea and cholera:—Oil of aniseed and oil of cajeput, of each one fluid drachm and a half; Haller's acid solution and tincture of cinnamon, of each two drachms. Dose—ten, fifteen, to twenty drops, with the addition of fifteen or twenty drops of tincture of opium or Battley's solution of opium. The mixture can be given again at short intervals, but it is seldom necessary or expedient to repeat the opiate. He recommends an abdominal protector, such as our soldiers wear almost constantly in India, under the unpleasant name of "cholera belt"—viz., a stout calico belt lined with flannel.

Dr. Maclean passes in review the various classes of remedies that have each had their short spell of infallibility and public regard, but which have gradually lost their prestige. Saline enemata, saline injections into the veins, croton oil and opium pills, blood-letting, carbonate of soda, ether, chloroform, hot baths, cold sheets, nitrate of silver, quinine, ox gall, &c. Coldness being one of the chief characteristics of collapse, it is not surprising that great efforts have been made to restore the heat of the body. Some

trifling sort of cases that were treated in Southampton lately by the mustard hot baths, did not do badly, but in really severe cases Dr. Maclean highly disapproves of this parboiling system. He considers that it is simply the quickest possible means of exhausting the flagging vital force. He tells us that Dr. Chapman has urged his treatment by the application of ice to the spine with much earnestness on the profession, on the following theoretical grounds:—"1st. That the primary cause of cholera is, as a general rule (liable to exceptions which will be indicated), the excessive heat of hot climates, and of temperate climates in summer when cholera prevails. 2nd. That the *proximate* cause of cholera is of precisely the same nature as that of summer or choleraic diarrhœa," that is, as Dr. Chapman has explained in another place, "the dorsal nervous centres and those in intimate connection with them which directly govern the alimentary canal become suffused with blood much more copiously than is natural by the stimulant effects of the excessive external heat in hot climates, and of temperate climates in summer, and most rapidly by the direct rays of the sun on the back of the patient; the result on the intestinal canal being, that the blood-vessels nourishing the tube receive a larger supply of nervous influence from the vaso-motor nerve-centres than before, and hence, *contracting* more vigorously than natural, cut off to a proportionate extent the supply of blood to, and consequently the nourishment of, the intestinal walls. The bowels thus lose their wonted robustness, and become susceptible of being excited and thrown into excessive or convulsive activity by a stimulus which in their healthy condition would but slightly affect them." This hyperæmic condition of the nervous centres presiding over the bowels is, according to Dr. Chapman, the reason why the bowels, on the addition of the "nervous influence" which causes their peristaltic contractions, expel their contents with preternatural rapidity. In cholera this nervous hyperæmia is more developed, and consequently its action is proportionately more powerful and intense.

Dr. Chapman further regards the muscular debility, tremor, vertigo, impairment of respiration, cold breath, sense of faintness, &c., as due to the extreme hyperæmia of the spinal and sympathetic nervous centres, depriving the capillaries and vessels in all parts of the body of their wonted supply of blood. The rationale, then, of the ice-bag to the spine is that it corrects this hyperæmic condition of the nervous centres, and so restores the system to its normal condition.

Dr. Maclean does not think this explanation entirely satisfactory, as cholera is quite as fatal during a St. Petersburg winter, as in an Indian epidemic, and, moreover, there are many hot Indian seasons free from it.

Although Dr. Maclean may safely be considered one of our greatest living authorities on cholera, yet he does not despise Dr. Chapman's theories, but states that he had the advantage of hearing him expound his views at the Southampton Medical Society. He was willing, moreover to give the system a fair trial in the wards of the Royal Victoria Hospital, had the cholera unfortunately made its appearance there. The results obtained at Southampton were not sufficiently numerous to allow of any deduction of a positive nature being made.

That ice to the spine does exercise a very powerful influence is well exemplified by a case which occurred at Southampton, which came under our author's notice. The application of ice to the spine in a woman profoundly collapsed brought on the menstrual discharge.

The "corking-up system" does not meet with approval. The essence of this plan consists in restraining the evacuation of the rice-water stools by mechanical means—just simply corking up the anus like a bottle. Dr. Maclean has the conviction (expressed by all practical Indian medical officers) that the simple purging is not the essence of the disease, and he does not think much good can be anticipated from this system. The author of this

treatment states that re-absorption takes place, and it will probably do so, on the condition of collapse going off; but Dr. Maclean does not hope for much from the re-absorption of poisonous secretions.

In continuation of this subject in a subsequent number, our author tells us that many methods lately urged on the attention of the profession, and the public are simply the cast-off clothes of Indian practitioners brushed up to look new. Indian doctors can look on with complacency on these little pilferings. They do not sigh after their old infallible remedies, as they, sad to relate, as yet have found out no specific cure. He has, however, no doubt but that by judicious management many may be rescued who, without this advantage, would perish.

He then goes on to enumerate the following rules for practice:—

- 1.—The best hygienic arrangements possible must be made.
- 2.—The duties of the attendants must be perfectly and systematically arranged, that the last shall be as well looked after as the first comers.
- 3.—Disinfectants must be used, and no excretions from cholera patients must be thrown down water closets or privies used by the healthy. The removal of the excreta from the infected is very important, but the common sense of every medical man will suffice to combat this danger without further comment.
- 4.—The next point is the constitution of the epidemic. Dr. Maclean has never seen two cases exactly alike. At one time you will see the majority characterised by vomiting, excessive purging of rice-water stools, with distressing cramps; at another, you will find cramps absent. Again, you will observe that there is little purging, but excessive action of the skin; or (most fatal form of all) little purging, vomiting, or exudation from the skin, the sufferers dying almost before there is time for any of the well-known symptoms to be developed—the disease, as Magendie expressed it, “*commencing with death.*” Nothing can more clearly show how futile it is to expect a cure by merely “restraining the evacuations;” for, as I have just explained, the most fatal form of the disease is that in which there are no evacuations at all.
- 5.—When he first went to India it was common to withhold water, and especially cold water. This practice is a very bad one, in fact, a folly. It is positive cruelty indeed.
- 6.—Cold water is recommended, and ice, if possible. In these temperate climates the value of ice is not appreciated in the manner it is in India.
- 7.—In reply to the question as to whether it is judicious to apply heat externally, he states that the promptings of the feelings of the patient must be considered.
- 8.—Cramps are best relieved by the use of chloroform, given in doses of five or six minims in a little water; and if vomiting be excessive, a little may be sprinkled on a pad of lint covered with oiled silk or gutta percha tissue, and applied to the epigastrium; or spongio-piline may be used for the purpose. I have used chloroform in this way, both externally and internally, very freely, and always with good effect. I have also seen a large dose of an alkali, the sesquicarbonate of soda or the bicarbonate of potash, instantly relieve the spasms, as well as mitigate vomiting.
- 9.—No remedy has been more used, I should rather say *abused* than opium. Most Indian practitioners have abandoned it as treacherous and dangerous. I must earnestly caution you against its use. In the stage of collapse, if it is retained, it is, it *must* be useless. But when reaction sets in, the opium, previously inert, begins to act, and is at once a serious hindrance to the restoration of the secretions, and, if the quantity given has been large, often hastening on cerebral symptoms ending in coma. These are its dangers, without, so far as I know, or could ever discover, a single compensating advantage.
- 9.—What of astringents? No class of remedies have been more used

in cholera. The great anxiety has ever been "to restrain the evacuations." Yet I am persuaded that the mere purging rarely kills; and, as I have already said, in the most fatal form of cholera, there is no purging or very little. Still, there are cases in which some astringent is necessary. Granting that the purging within certain limits is salutary, it may go on to such an extent as to lower the patient hopelessly. Acetate of lead in solution *without* opium is recommended. Pernitrate of iron also might be tried. Turpentine in egg emulsion has been tried in the army with great benefit. In one year Dr. Maclean had great success with nitrate of silver and in the next none whatever, thus showing the "varying constitution of epidemics."

10.—Calomel has been used to fulfil every indication in turn, according to the peculiar belief of the prescriber. Some give it as a purgative, others as a sedative, not a few "to stimulate the secretions." I have seen it given as a cure for vomiting. Then we have a pretty numerous class who give it for no reason in particular. Calomel is the trump-card in their hands; so like good whist-players, "when in doubt," as men are apt to be in dealing with cholera, they "play trumps"—they give calomel. I have seen it given in every conceivable way, and for every possible or impossible end: in grain doses every hour or half-hour, and by heroic practitioners in scruple doses again and again. But, gentlemen, it is the old story. Calomel is of no use during the stage of collapse; but by-and-bye, when the powers of life begin to revive again after the shock is over, the first thing the system has to deal with and dispose of is calomel. What results? Very often vomiting of that green-paint-looking matter appears which cannot be stopped, or a bilious diarrhœa is excited which soon brings the case to a close. The fact is, Nature then requires a helping, and not a pruning or a depletive system. The restorative system must come into play.

11.—*Stimulants*, both of a medicinal and alcoholic kind, have been much resorted to in cholera, and very naturally. The prostration of the powers of both circulatory and nervous systems is so extreme that we cannot wonder that strenuous efforts have been made to rouse and to sustain them by the free use of remedies of this class. Yet I think that those who have used them most, if observant and candid men, must admit that they have not answered their expectations; and at least all must allow they require to be given with a cautious hand. They are useful, as I shall presently show, when given at the proper time and in the right way. I do not think they are of any use during the stage of collapse when at first sight they might appear most appropriate.

We have thus examined the therapeutic value of the remedies that have been most used in cholera. The result is not encouraging. I may say I have tried most of them, and the above is the result of my experience. You will perhaps say—Do you then advise no treatment in cholera at all? Well, I can only say that in the collapsed stage I know no drug worthy of the smallest confidence. Must we, then, abandon our patients to Nature, and do nothing? Must we suffer them to die without an effort to save them? My answer is, that efforts of the kind described above are futile; your remedies are either vomited, or, if retained, are inert, and if given, as they often are, in excessive quantities, they become a serious source of embarrassment, interfering above all with nutrition. If opium, the preparations of lead, or calomel, have been abstained from, Nature, in the stage of reaction, starts, so to speak, fair, which I am sure is not the case when weighted with one or other, or, as I have often seen, with all the above. Because I objected to bleeding intemperate old soldiers of twenty years' service in tropical and malarial climates, taking blood away to the extent of upwards of a hundred ounces when suffering from peri-hepatitis, I was called the other day "the Micawber of medicine," the gentleman "who

waits to see what will turn up." Well, I don't object to the name in the least; I had rather be the "Micawber" than the "Sangrado" of modern medicine. The more I have "waited" upon Nature, the less I have attempted to force her, the more I have found that "something" is pretty sure to "turn up" to the advantage of my patients. Very notably has this been the case in cholera. Some—unfortunately a great many—patients in severe epidemics will die, but such cannot be saved by pouring drugs into them in the collapse of this terrible disease.

Suffer me to recapitulate. Secure the best hygienic conditions possible for your patients; avoid crowding them; give abundance of water to drink and ice to suck; correct cramps and inordinate vomiting by the internal and external use of chloroform; apply external warmth and extra bed-clothes if these are grateful to the patient, but if they make him restless do not press them. If the cuticular discharge is excessive, wipe the patient dry from time to time, disturbing him as little as possible. If vomiting be not excessive, and if the remedy does not excite it, ten drops of the mixture I have recommended in the premonitory diarrhœa may be given from time to time, chloroform being substituted if vomiting be urgent. As soon as vomiting ceases, you must support the patient by proper nutriment. At first I begin usually with thin arrowroot, well boiled, and flavoured with a little aromatic. I give this, commencing with a teaspoonful at a time, giving every now and then a teaspoonful of brandy in it, never over-distending the stomach. Instead of water, I now quench thirst with milk containing a little lime-water, and flavoured, if it be at hand, with a few drops of curaçoa. This may be often given to the patient with a little soda-water. As reaction proceeds, I substitute strong beef-tea, or, better still, essence of meat, using it in the same cautious way—spoonful by spoonful at proper intervals; later still, eggs beat up with a little brandy, and flavoured as before with curaçoa, is often relished. The greatest caution is required not to disgust the patient, not to re-excite vomiting, nor to over-stimulate, and so to bring on cerebral symptoms during the febrile reaction. When patients are thus carefully nursed, it is seldom that reaction is excessive. Nothing but mischief may be expected from over-anxiety to hasten forward convalescence by too freely pressing food and stimulants on the patient. It requires a great deal of drilling and care to get orderlies and half-instructed nurses to understand this; and many cases go wrong from their over-anxiety to press both on those under their care. In a word, the treatment of cholera may be summed up in two words—*good nursing*. The difficulty is to obtain this when an epidemic ranges. The man who in such scenes maintains his presence of mind, preserves order, regularity, and good hospital discipline, and so arranges as to secure to each patient a fair amount of good nursing, will save a larger proportion of cases than by any other method with which I am acquainted. What I recommend to others I followed in my own case. When struck down by this disease, I took no drugs. I experienced the burning thirst I have described; but instead of tormenting myself by abstaining from fluids, I drank freely of iced soda-water, to my infinite comfort and refreshment. When I vomited, which I did often, I drank again. A faithful servant, my only doctor, sat by me, and, when too feeble to do more than express my wants by a gesture, replenished my cup again and yet again. I vividly remember the resolution then formed, and never since departed from—to *do unto others as had been done unto me*: never to withhold a cup of cold water from a cholera patient. With daylight came a kind and judicious medical friend, who, instead of goading me with physic, sustained me with food, much in the manner I have advised in this lecture. With the result I had and have every reason to be satisfied and thankful. Dangerous reaction—i.e., high fever, with cerebral symptoms and coma, I have seen; but only when art, coming not to aid but to thwart Nature, has interfered with her

eliminary processes by the too free use of opium, astringents, and such like remedies. In such cases we must have recourse to free purgation by calomel, apply ice to the head, and restore the action of the skin by the wet-sheet, cold sponging, and the like. When the secretion of urine is long delayed, I have seen good results from the free use of chlorate of potash, and the application of turpentine stupes over the region of the kidneys.

Dr. Maclean appends this note.

Since the above lecture was delivered, I have seen and read with pleasure and profit Dr. George Johnson's "Notes on Cholera." This able physician has been led to much the same conclusions as to the action of most drugs in cholera as are expressed above. Dr. Johnson puts more faith in the action of purgatives than I can do; for, like every known class of drugs, they have been freely used in India. I sincerely trust that Dr. Johnson may never see so many cases of cholera as I have done; but I cannot help thinking, should it be otherwise, that he will see cause to believe with me that, in a vast majority of cases, there is quite enough purging without artificial aid. Still, for my own part, if again smitten by cholera, let me rather fall into the hands of a *purging* than an *astringing* physician—one who thinks he does you service by retaining what Nature is so solicitous to expel from the system.

To give our readers all possible information on this interesting subject, we may mention that in the *British Medical Journal*, Dr. George Johnson is still treating of cholera. He has "struck ile," to use a Yankee phrase, in the purgative treatment, and is still boring away at the same subject. A leading article in this same journal seems to consider Dr. Johnson's "Notes on Cholera" to be "the most valuable and original work" of the recent publishing season, and Dr. Johnson in turn, in a letter to the journal, says that the said leader is an "able analysis" of his views. Mutual compliment is preferable to mutual recrimination, but we think the medical public has heard almost enough of Dr. Johnson's treatment.

The most talked of work of the publishing season is Dr. Marion Sim's book "On Uterine Surgery," with special reference to the sterile condition.

The *Lancet* reviews it favourably, but in a matter of fact manner. We annex portions of their abstract. We give lower down more "sensational" abstracts of the work which appeared in the *Medical Times and Gazette*. In one number of this journal a short and somewhat curious review created so much notice that in their next issue a long abstract was printed. We give portions of both for the benefit of the readers of the MEDICAL MIRROR.

For the first time in the history of medicine, the sterile condition is here subjected to a full and philosophical analysis, complete as far as the advanced knowledge of our time permits. The causes on which sterility depends are studied in a natural order, and the manner of investigating them, and their proper treatment indicated. These causes are most various:—

"The trouble in one case may depend upon mere contraction of the os; in another, upon malformation of the same—in another, upon engorgement of the cervix—in another upon elongation—in another upon hypertrophy—in another upon simple induration—in another upon curvature of the canal of the cervix—in another upon polypus—in another upon a fibroid—in another upon malposition of the uterus—in another upon some anatomical anomaly or malformation of the vagina—in another upon vitiated secretions of the cervix—in another upon those of the vagina, the one generally acting mechanically, the other chemically—in another upon the absence of spermatozoa; while others may be complicated with several of these anomalies, all subjects of study and investigation."—pp. 2, 3.

It is by the intelligent discrimination of these causes and their appropriate treatment that sterility is rescued from the territory of empiricism, and brought within the reach of rational and enlightened medicine. The order in which Dr. Marion Sims marshals the inquiry is indicated in the following admirable and lucid enumeration of the conditions essential to conception. We cannot omit them, for the surgeon who clearly impresses them upon his mind in the investigation of the sterile condition in any patient will have advanced half-way to success:—

“1. It occurs only during menstrual life.

“2. Menstruation should be such as to show a healthy state of the uterine cavity.

“3. The os and cervix uteri should be sufficiently open to permit the free exit of the menstrual flow, and also to admit the ingress of the spermatozoa.

“4. The cervix should be of proper form, shape, size, and density.

“5. The uterus should be in a normal position—*i. e.*, neither anteverted nor retroverted to any great degree.

“6. The vagina should be capable of receiving and of retaining the spermatic fluid.

“7. Semen, with living spermatozoa, should be deposited in the vagina at the proper time.

“8. The secretions of the cervix and vagina should not poison or kill the spermatozoa.

“I lay these down as postulates, embracing the general principles or laws most favourable—indeed, essential to fecundation; and I propose to take them up seriatim, and to show, from clinical experience, wherein the sterile condition differs from the fecund, and to point out, so far as we know, the surest methods of relief.”—pp. 5, 6.

In the first section Dr. Sims is brief; but he touches no subject in this book on which he does not throw fresh light, and he contributes to our knowledge two remarkable cases of conception without menstruation, and valuable examples illustrating errors in diagnosis arising from anomalous conceptions.

The second section is one of the greatest value. It deals with disordered menstruation as related to sterility. Dr. Sims goes always to the heart of his subject, and he treats this matter with characteristic minuteness and a skill which never fails him. He illustrates from clinical experience menorrhagia from granular erosion, from fibrous engorgement of the cervix, from fungoid granulations, from polypus, from fibrous tumours, from inversion of the uterus, &c. In the narration of these cases and the exposition of the means of dealing with them, the surgical resources of the author are most conspicuously displayed, and each case is a study. The part which is played by polypi of the uterus in producing menorrhagia, the means of exploring them, of determining their precise site and attachment, are laid down more completely than they have ever been before. By the use of Dr. Sims's peculiar method of uterine examination, which is clearly described in the first part of the book, and by the use of the sponge-tent for dilating the cervix prior to exploration, he shows that the cavity of the uterus may be investigated with ease, and the morbid conditions which are present determined with a precision which a few years since would have been deemed not only marvellous but incredible.

In their first notice of Dr. Marion Sims's book, the *Medical Times and Gazette* gave the following:—

“Dr. Marion Sims takes, as the basis of his work the several conditions which are necessary, collectively, for fertility. These he enunciates in eight formal postulates; and then in as many divisions of his work treats of the physical conditions opposed to each necessary condition of fertility and of the surgical measures which may remove those conditions. Many

things are here described on paper which have hitherto been veiled in professional silence, even if they entered the imaginations of professional men. Still, Dr. Marion Sims has but carried out minutely, and with many a detail which he probably would be glad to have spared himself, processes of fertilisation, some of which are known to readers of John Hunter. We shall not be surprised, by the way, if the publication of this book, and the extension of the remedial agents for sterility which it includes, shall, in time, supply a great want in the shape of a new, elegant, truthful, and suggestive term of vituperation. We are already in possession of a tolerably copious vituperative vocabulary based upon the supposed paternity or maternity of the person vituperated, and varying from the mild "son of a gun" up to the more sporting phrase "son of a b—h," and to the still severer "son of a w—e." If Dr. Marion Sims's book acquire due vogue, young people in the next generation will ask in wonder the meaning of the phrase "*son of a squirt!*"

In the second notice up to Section II., the abstract is similar to that in the *Lancet* but at this point matters are brought forward which are certainly new to the generality of our medical readers in the United Kingdom. We give those portions accordingly:—

Section VI. starts with the double proposition that the vagina must be capable of receiving, and not only so, but of retaining the spermatic fluid. Want of capability of reception may depend on imperforate hymen, atresia vaginæ, or absence of that canal; but chiefly on *vaginismus*, or that spasm of the vaginal orifice which corresponds with spasm of the eyelids in *photophobia*, spasm of the glottis, of the sphincter ani, &c. We gather from Dr. Marion Sims that the essence of the affection is, in his opinion, an extremely hyperæsthetic state of the outer surface of the hymen, so that the slightest touch produces intense spasm. This condition may exist, spite of the fact that the vagina is dilatable to its fullest extent under ether; and it has persisted even after repeated—though painful—connection, conception, and labour at full term with laceration of the perineum. Dr. Sims's remedy is to clip away the hymen, which is generally thickened; and to follow this by incisions through the spincter vaginæ muscle, and the use of a glass bougie. Yet even in one of these cases a cure was not effected till a small tubercle at the mouth of the vagina, the size of a grain of wheat (corresponding, probably, to Wood's painful subcutaneous tubercle) was excised. In one case we read (p. 342) "that it became the business of the physician to repair regularly to the residence of this couple, two or three times a week to etherise the poor wife. . . . hoping that she would become pregnant, and the delivery would cure her. This etherisation was continued for a year when conception occurred. But during the whole period of utero-gestation, etherisation was necessary to coition. After the birth of the child there were a few copulations without ether, but it was exceedingly painful, and soon the pain became so severe that they were compelled to resort to ether again. At the end of *another year of ethereal copulation*" (!!!) "there was another conception, which resulted in abortion at the third month." This is the case above spoken of in which the perineum was lacerated during labour, and the cicatricial tissue and remains of the hymen were extirpated before a complete cure was effected.

We cannot help remarking here that cases of *vaginismus* in slighter degree are not by any means uncommon, and that allowing that the surgical operation spoken of may be necessary when any thickened and unhealthy tissue or hyper-sensitive nodule exists; yet that English physicians no more resort to excision in slight cases than they would cut off the eyelids in blapharo-spasm, or cut out the chordæ vocales in laryngismus stridulus. On the contrary, they apply to *vaginismus* rules of search for such reflex and constitutional causes as, if existing, might set up spasm. For instance,

the neighbouring organ, the rectum, not seldom may be the starting-point. We should have liked to have heard Dr. Sims's experience on this topic.

We must also protest, with due deference, against the idea that it ever can become the "business of the Physician" to administer ether for the purpose and in the manner which Dr. Sims details in so matter-of-fact a way. We recollect a biblical commentator who defended the multiplicity of wives enjoyed by one of the Patriarchs on the plea that the venerable personage desired offspring, and not pleasure. Such a plea cannot be used in the present instance to shield the "couple" nor the Physician whose *business!!* it was to etherise the wife. We should treat this matter most seriously, and check any disposition to sarcasm; still, to gratify a natural curiosity, we would ask whether the man of business was ordered to come on fixed days? or was he sent for on the spur of the moment? Did a little amiable toying in the evening between this persevering couple ever lead the husband to ask leave to send for the Physician with his bottle of ether? All this quite opens up a new world of ideas to which Monsieur Feydeau ought to turn his attention. A good deal might be made out of that adjective "ethereal." This *mot* would make the fortune of a lesser man than Dr. Sims.

Now come we to a part of the work in which Dr. Sims is (so far as we know) quite original:—"Only about three or four years since," he tells us, he "found out that some vaginas would not for a moment hold a drop of semen." He gives a case: A young woman, married for five years and barren, consulted him. Her cervix uteri was indurated, and the os small. This was cut open, but no conception followed. The uterus was all that could be wished, but the vagina rather short. Dr. Sims desired her to come to him some morning after sexual intercourse. She came; and he, on examination, found no spermatozoa in the vagina or cervix uteri. She said everything passed off instantly; whereupon Dr. Sims decided to lay aside "all false delicacy," and informed her that he must see her just after sexual intercourse. This was done by appointment, and he saw her in four or five minutes after the act. He says he discovered none of the fertilising fluid in the passage, plenty outside; the vagina short, but distensible in the cul de sac behind the neck of the womb, and contracting the moment the pressure was discontinued so as to eject any liquid. Something was done—we are not told what—to prevent forcible impingement against this posterior cul de sac, and conception followed. Dr. Sims adds that he thinks the operation of splitting the uterine neck had not been necessary.

He believes that retroflexion of the uterus also has the effect of driving out all the fertilising fluid directly after connexion, and thus of hindering conception, and describes the case of a patient whom, to verify this hypothesis, he visited fifty or sixty seconds after the act, and on examination found no traces of the fluid in the vagina. On this point we fear that Dr. Sims will find the great body of English Practitioners at issue with him. Still more we doubt whether many a one will be found to undertake the "business" he describes. Fancy a respectable husband quitting his bed hastily, and leaving his palpitating spouse to be examined with finger or speculum in less than a minute after the nuptial mysteries! How is such a thing to be managed? Do the husband and man of business meet in the vestibule? or does the one rush out at one door whilst the man of business rushes in by another? The "arrangements" for such a visit would be strange to most of us. Where did it take place? At the patient's, or elsewhere.

Pass we on to Section VII., which states that "semen with living spermatozoa should be deposited in the vagina at the proper time." This involves three propositions. First, as to the necessity that live spermatozoa should exist, which may readily be granted. Secondly, that the semen must be deposited in the vagina, which is completely nullified by the cases

quoted by Dr. Sims himself of conception without penetration ; and thirdly, that there is a proper *time* for this deposition, which he infers from a purely imaginary assumption that the cervix uteri, compressed and emptied by the act of congress and by some undiscovered muscles in the vagina, expands and sucks up liquid from the vagina immediately that the male member is withdrawn, just as an india-rubber bottle does after being squeezed. This, we need scarcely say, is a mere hypothesis. No such pressure or suction is proved or probable, and experience shows it to be needless. But supposing it to be true, then it simply stultifies all the elaborate statements in Dr. Sims's book. For if the cervix uteri act in this way, it would suck up the fertilising liquid readily enough in almost any case except those in which it had been divided and made patulous. We repeat it : if the cervix uteri by compression and expansion act like a syringe, then it matters not whether it be too long, or in what position it be ; and certainly it will be false philosophy to split up the suction tube of a syringe.

Considering, as Dr. Sims believes, that the standing difficulty of conception lies in difficulty of entrance of semen into the neck of the womb, the question next occurs of "throwing the fructifying agent right into the cavity of the uterus." The author seems to have made fifty-five separate injections, on half-a-dozen different patients, in the course of two years, the patients being women in whom he believed a mechanical impediment existed, and who would not submit to operation. In one case, after the tenth trial, conception followed, but, unluckily, abortion cut short the existence of this squirt-begotten embryo. Dr. Sims says he has given up this branch of practice, owing to its difficulty and unsatisfactory nature ; but he gives the details and precautions, and describes the necessary instruments, for the benefit of any one else who may "be able to apply the principles sought to be established by these experiments, with more exactitude than" he has. If, he says, we understood more about the proper period for conception, mechanical fertilisation might become exact enough to depend on it,—a kind of knowledge, by the way, that would be much appreciated by ladies who did not wish to conceive.

The last section treats of the various derangements of vagina and cervix uteri which pass under the name of leucorrhœa, more especially with regard to their property of killing spermatozoa. It contains directions for removing and examining seminal fluid from the vagina and cervix uteri, and, besides, some useful but fragmentary notes on the treatment of leucorrhœa.

We have thus given a full and fair summary of Dr. Sims's work, and may add that, in our judgment it displays the highest practical surgical ability, dexterity, and resource, conveyed in language remarkably clear. We do not hesitate to say, however, that all mental or moral, or hygienic, or medicinal influences are ignored. It is open to the objection that it is too purely surgical. The author assumes at will the mechanical impossibility of the entrance of the requisite liquid into the cervix uteri, and treats woman as a mere subject for mechanical impregnation, and not as a moral agent. We are not supplied with lists of failures ; we know not how many operations have not been followed by conception whilst the fact that in such and such cases conception followed operation is assumed as cause and effect in a way which modern science does not allow. Lastly, with regard to the discovery of the total expulsion of the fertilizing liquid from the vagina, and to the dabblings in that canal with speculum and syringe under the circumstances described, we can but express our unfeigned regret that Dr. Marion Sims has thought proper to found an odious style of practice on such (*im*)pure assumption. At any rate, if such practices were to be considered the "business of the Physician," there are a good many of us who would quit physic for some other calling that would let us keep our sense of decency and self-respect. Better let ancient families become extinct than

keep up the succession by such means. "Nec propter vitam, vivendi pudere causas."

The *Medical Press and Circular* has some good leading articles during the month, from one of which on the representation of our Profession in Parliament we annex a portion.

"Now, to propose a remedy. Let any change of representation include a few clauses for incorporating the Medical and Surgical Colleges, and giving them representatives, say two each to the three kingdoms. In other words, let a certain defined qualification entitle the holder to a vote for the representative of his College.

We have a precedent in the three Universities, which are the only remnant of corporate representation which Lord John Russell's reform has left us. They give the three best seats in the Lower House, and have been called House of Commons' Peerages.

Let the nation now try the same system with a Profession unrepresented. The Ministry are anxious to bring in a popular measure of Reform. Here would be one universally popular. Every man would like to see his Medical attendant gain a privilege which would not be given at the expense of any class. It would not make the Government more democratic; it would not increase the power of the aristocracy; it would be simply an act of justice to men highly educated and badly paid, who labour for all, and yet usurp the rights of none. We constantly hear complaints of the treatment of practitioners in the country, that their social position is too low, and their labour too great. Now a slight political privilege would raise their position, and if any real injustice were done to them by the law, their representatives could always speak in their favour.

We hope by raising the question to stimulate our Medical friends to exertion. We believe if the question were properly discussed, public opinion would be strongly in favour of giving representatives to the Medical Colleges."

The latest number of the *Madras Quarterly Journal of Medical Science* that has reached our office contains some very interesting matter—a great deal of it is of more interest to our Indian medical men than to those practising in England, yet there is much that is equally useful for all. The remarks of Dr. Edward Nicholson, Staff Assistant Surgeon at Cannanore, will be read with interest, although we think he is a little too hard on the "Army Medical Department" drug stores. With reference to Government Pharmacy in India, he says, "It is undeniable that of late years, the acquaintance of the British Medical Profession with the remedies they employ has decreased in proportion to the growing separation of the practice of medicine and pharmacy. Not that the separation of the Doctor's consulting room from the Druggist's shop is in any way to be deplored, yet every one practically acquainted with professional routine at home must acknowledge that the old system of the medical student passing a few years in the dispensary was of great benefit to him and that those practitioners who under more recent regulations have not been obliged to make a closer acquaintance with drugs than that implied by one session's attendance on a course of *Materia Medica* lectures, often find, in themselves and betray to others, a lamentable deficiency in the art of prescribing. When we consider how nugatory is the greatest diagnostic skill of the physician if he is unprovided with appropriate remedies, or unfortunately ignorant of the way to remedy by medicines, the disease his knowledge of the art of medicine has taught him, surely the theory and practice of pharmacy, as well as a thorough knowledge of *materia medica*, must be considered essential. But of little use will be the most happily composed prescription, if the art of the prescriber is to be marred by subsequently pharmaceutical ignorance by the employment of bad drugs, or by the drugs not being procurable. These are contingencies which

rarely occur at home in civil practice, but one of frequent occurrence both at home and in India in the practice of the government medical officer. Nowhere more than in the army does there exist a complete listlessness and happy-go-lucky system about the pharmaceutical arrangements. In the French service the qualified *pharmacien*, like the qualified surgeon, has to undergo a course of instruction at the Army Medical School before he can become qualified for employment. How the pharmaceutical department of the British Service is managed I cannot say ; I only know that my inquiries on the point have had no result, and the only apparent system is that there is no system. I remember at Fort Pitt, the head quarters of the Medical Stores, prescribing some linamentum æruginis in a gargle. The prescription was returned ; I endeavoured to adapt it to the resources of the establishment by substituting for the pharmacopœial liniment a prescription of verdigris, vinegar and honey. That was as unsuccessful ; there was no ærugo in store. One thing however, I must say for the Home Service, that the instruments are generally of very good quality. Would that I could say the same of these supplies to India ! ”

The remainder of the paper refers more particularly to local matters, concerning the routine of obtaining medicines, &c., &c. Dr. Nicholson is a member of the Indian Medical Service, and cannot, therefore, be expected to know much concerning the arrangements in the Army Medical Department. We only know that Savory and Moore usually supply the drugs to our hospitals in the United Kingdom, and as far as our experience goes, there is no lack either of good drugs or of efficient dispensers, either at Fort Pitt or at Netley, or at the Garrison Hospital at Chatham. That a commonly used liniment, or that any drug should be “out of store,” is easily to be understood, and there is no reason why on this account a great and noble department should be gibbeted in the press.

There are other papers in this journal which we must defer to a future number.

The *Pharmaceutical Journal* has many interesting articles for February, but as some of them have already appeared in other medical and scientific journals, it will not be necessary to make long extracts.

In an original paper read before the Liverpool Chemists' Association, by Dr. Edwards, in the absence of the author (Mr. Ince) some excellent hints were thrown out with reference to shop fixtures. He points out that light is excluded under the present system, that unmeaning erections of desks and glass cases, &c., &c., are made. That every available square inch of room is occupied by some fancy article, thus leaving no room for real work. We take him to mean that as things are, the druggist is simply a retailer and bazaar keeper, as there is no space for the higher works of the chemist or the analyst.

Some very excellent advice is given as to the distinct labelling of the shop bottles. If some of our medical brethren were to take a hint from Mr. Ince, their surgeries would be none the worse.

The public are a good deal influenced by the appearance of a man's surgery. Disorder in the surgery need not mean disorder in the mind, but people are apt to jump to conclusions, and often run away with false impressions.

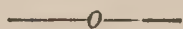
The Secretary to the Liverpool Chemists' Association states that in the decomposition which takes place in the production of “Pharaoh's Serpent,” the sulphur and mercury are *not* entirely volatilized, as had formerly been stated.

An article from the *Popular Science Review*, by Baron Liebig, is produced in the *Pharmaceutical Journal*. From this able article we gather that it is best to buy coffee unroasted, that it should be roasted just before using, that over-roasted coffee loses the true properties of coffee, and that by boiling coffee, as some people do, the delicacy of flavour and the aroma

are lost. Coffee ought either to be put on the fire in cold water and taken off when at the boil, or it should be infused, like tea.

If a combination of the principles of coffee is required, let half the coffee be *infused*, and the other half be boiled. The boiled portion gives all extractive matter, while the infused portion gives the flavour. In the boiled portion the aroma is lost, and in the infused portion the extractive principle is not brought out.

The chief feature in the last number of the *New York Medical Journal*, to hand in our office, is the continuation of a series of articles on "Obstetric Jurisprudence." This last essay treats more particularly of the medico-legal study of rape. This article owes its origin to a case that lately occurred at Boston, where four young men were sentenced to the *State Prison for life* for compelling intercourse from a notorious strumpet. Their severe punishment was apparently indorsed by the entire community, and the author therefore considers himself warranted in examining into details which, though repulsive in themselves, are of value as establishing upon a firmer basis the right of a woman to her chastity, however infinitesimally small this may be. The above case is known in New England as the "Bates' Case," and created intense excitement. The sudden unloosing of hundreds of thousands of able-bodied men from enforced discipline, by the victorious termination of the late civil war, has given an impetus to criminal assaults on women. The strong arm of civil law has been vindicated in this case, and will be a warning to evil doers.



Dr. J. B. PETTIGREW, the distinguished sub-curator of the museum of the College of Surgeons, has reprinted, for private circulation, his splendid monograph upon the arrangement of the muscular fibres of the heart. This essay, which is unquestionably the most accurate and elaborate that has yet appeared in any language, throws much light upon the manner in which the peculiar movements of the heart are dependent upon the direction of the muscular fibres. Dr. Pettigrew has carefully investigated the anatomy of the heart in man, quadrupeds, birds, reptiles, and fishes, and has illustrated his dissections by a multitude of drawings copied from photographs taken by himself. Altogether, his memoir is one of which it is difficult to speak too highly, and which deserves the careful attention of students of human and comparative anatomy.

NORTH LONDON HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST.—At a meeting of the Committee of Management of the North London Hospital for Consumption and Diseases of the Chest on the 23rd of February, the following gentlemen were elected Physicians to the Charity in addition to the present staff,—viz., Dr. Wm. Abbotts Smith, Dr. Dudley, and Dr. Octavius Sturges.

RADCLIFFE INFIRMARY, OXFORD.—Dr. Henry Matthews Tuckwell, of Lincoln College, has been elected physician to the Radcliffe Infirmary, in the room of Dr. Child, resigned. Dr. Tuckwell obtained a first class in natural science, final examination, Easter Term, 1856, and in 1859 he gained the Radcliffe Travelling Fellowship.

A NEW ANÆSTHETIC.—The bichloride of carbon, which closely resembles chloroform, has been recently described by Sir James Y. Simpson.

THE POOR-LAW BOARD.—Dr. Edward Smith, who has for some time past been Inspector of Poor-Law, has, we are glad to hear, been further appointed Medical Officer of the Poor-Law Board.

ABOLITION OF CAPITAL PUNISHMENT IN BELGIUM.—An important association, consisting of all parties, has been formed in Belgium for the abolition of capital punishment.

REVIEWS AND NOTICES OF BOOKS.

On Cancer: Its Allies and Counterfeits. By WEEDEN COOKE, Surgeon to the Cancer Hospital, and to the Royal Free Hospital, &c. Pp. 226, 8vo. London. 1865.

IN the production of a trustworthy work upon an important disease like cancer, it is requisite that the author should have had large special experience, combined with a thorough practical acquaintance with general surgery, and that he should have come to his task unbiassed by any particular theories and dogmas. These qualifications Mr. Cooke possesses in an eminent degree; and the result is that the book under notice constitutes a really valuable addition to professional literature. In reading it we cannot but be struck by the calm, temperate manner in which the author discusses the conflicting opinions advanced by other writers, and by the steady earnestness with which he keeps ever prominent the great fact that cancer, formidable as it is, is after all a constitutional affection, and, as such, calls for the use of constitutional remedies, rather for the too free employment of the scalpel, and of the powerful escharotics advocated by some surgeons. Some connection between cancer and phthisis has been hinted at by several authors, but the credit is due to Mr. Cooke of having been the first to strongly insist upon the intimate relation which exists between these two diseases, and the desirability of adopting a plan of general tonic treatment in cancer, not dissimilar to that followed in phthisis.

The opposite theories formerly held concerning the nature of cancer have now been definitely set at rest by the revelations made by the microscope, showing that it is not new heterogeneous substance which is deposited among the healthy tissues, but only an alteration of the natural cell-growth, or germinating material, which has lost its power of forming healthy structure; so that this, again, is suggestive of a renovative plan of treatment which is consistent with practical experience.

Those who argue that cancer is a disease of local, not of constitutional origin, lay particular stress upon the fact that cancer may be often traced to some injury of the part which is ultimately affected; but although the occurrence of cancer after blows, or other injuries, is sufficiently frequent to render it necessary to bear this probable cause in mind, when inquiring into the history of a case of this disease, the proportion of

cases, one in eight, is too small to allow of the adoption of the local-origin theory. In one class of cancerous affections—viz., those of the lip and tongue, the connection between local irritation and the existence of cancer is more marked than when the disease has chosen some other seat; yet, even these cases should be accepted only as proofs of the increased liability to the production of cancer, under certain exciting causes.

Like phthisis, cancer attacks all classes of people, the poor not being its victims more than persons who are in easy circumstances. Various writers differ widely in their statistics respecting the influence of hereditary predisposition in the production of this disease. Of the two most distinguished French writers who have paid special attention to cancer, Lebert states that only one in twelve persons suffering from it had relations similarly affected, and Velpeau, whose observations were more extensive than those of the writer first named, says that one in three of his patients could trace an hereditary taint. The statistics of the Middlesex Hospital, arranged by Mr. Sibley, give an average of $8\frac{3}{4}$ per cent. only, closely approximating to Lebert's estimate, while Mr. Paget asserts that he has traced an hereditary predisposition to cancer in one out of every five of the cases which have come under his notice, and Mr. Cooke adds that the average which he has arrived at is one in four, although the aggregate collection of cases seen at the Cancer Hospital yield an average of one in seven only. It is evident that numerous circumstances must materially affect statistics of this nature, and in this way alone can the discrepancies in the various tables quoted be accounted for. We will therefore leave this point, and pass on to one which is of still greater importance—viz., the relation which exists between tubercle and cancer. For a long time Mr. Cooke looked upon this occasional combination as merely a curious coincidence, having no actual practical importance, but by degrees, he began to notice that adenoid tumours almost always occurred in persons who had phthisical relations, and that adenoid tumours sometimes became cancerous. Making more extended inquiry, he found that in a very large proportion of cases, phthisis exists in the families of cancerous patients, in whom no hereditary predisposition to cancer existed, and that the children of cancerous persons often become phthisical. Thus, it would appear that the cancerous and the tubercular diatheses are capable of interchanges, so that a cancerous person may be the parent of tuberculous children, and a consumptive person beget cancerous offspring, or some of the members of a family may show the tuberculous, and others the cancerous diathesis. The numerous instances adduced by Mr. Cooke in support of these views are such as render it impossible to resist the con-

clusion that there is a much closer connection between cancer and tubercle than has hitherto been suspected.

The secondary causes of cancer are various. Some are of a general character, as the change of life in females, which seems to peculiarly predispose to cancer ; there is also a climacteric period in men, commencing about the age of fifty ; others again are of a local nature, such as blows, to which one-eighth of the whole number of cases of cancer can be traced ; childbirth, which predisposes to cancerous affections of the uterus, and hæmorrhoids which are often found in connection with cancer of the rectum.

The early diagnosis of cancer is a matter of great importance, and the earlier the stage of the affection is, the more difficult is it to decide positively concerning its real nature. When a case presents itself of a deep sloughing wound in the mamma, with an indurated base and edges, enlarged axillary glands, and occasional hæmorrhage from the open sore, the diagnosis may be readily made ; but when the practitioner is asked to decide the character of a swelling in the breast, a warty growth on the lip, an induration of the os uteri, an ulcer on the tongue, or a tumour in the abdominal cavity, it is requisite to exercise some caution before coming to a decision. The microscope, valuable as an aid to diagnosis in a more advanced stage of the affection, is of little use when it has existed for only a comparatively short period, and we must depend mainly upon the exercise of the sense of sight, and especially of touch, and the history and symptoms detailed by the patient, to enable us to arrive at a satisfactory conclusion. Cancerous tumours possess one distinguishing characteristic—*hardness*, in a very marked degree, and such hardness is only to be met with in two other instances of diseased structure—viz., fibrous tumour of the uterus, and the Hunterian chancre. The only exceptions to this rule are as regard medullary and colloid cancers, but these form scarcely five per cent. of the whole number of this class of cases. Another diagnostic feature of cancer is the peculiar pain which the patient experiences in the tumour ; this is of a sharp, lancinating nature, recurring at frequent uncertain intervals. Its value in assisting the diagnosis of cancer is enhanced by the fact that this peculiar stabbing pain is only observable in two of the affections, which may be confounded with cancer, and these—mammary abscess dependent on lactation, and a deep-seated chronic mammary abscess, resulting from an injury—may be usually distinguished from cancer without difficulty. Another point which is useful in the diagnosis of cancer is the tendency of this disease to invade the neighbouring tissues, and to substitute its own unhealthy material for the natural structures : and lastly, although cancer may occur in almost every part of

the body, it exhibits so marked a disposition to attack certain organs, such as the breast, uterus, lip, tongue, and rectum, that the appearance in any of these localities of an indurated, rapidly-increasing swelling, ought to be viewed by the practitioner with grave suspicion.

The importance of distinguishing one form of cancer from another is of less practical value than the distinction of cancer from all other diseases, but it is, nevertheless, desirable, if only for the sake of clearness, to distinguish between the different chief varieties; these are scirrhus, epithelial, medullary, and colloid cancer.

Scirrhus is by far the most common, and prevails in about three-fourths of the cases of cancerous diseases. It exhibits a decided preference for the breast and uterus, which are the parts most prone to become the seats of cancer. Of 4,261 cases seen at the Cancer Hospital, no less than 2,745 were cancerous affections of the breast. When it is first recognised, a scirrhus tumour is usually a very hard lump, of about the size of a walnut, attached to the neighbouring structures, and moving with them, instead of independently of them, as is the case with adenoid tumours. Its weight is very considerable, and it can be pressed between the fore-finger and thumb, without making any impression upon it. At this stage, the lancinating pain characteristic of cancer may be either absent or present; but if the case is one of cancer, we are almost certain to get a history of cancer or phthisis in some members of the family. If there should be good evidence of a blow to the part having been received prior to the appearance of the tumour, if no constitutional taint can be traced, and if the tumour slips glibly beneath the finger and thumb, has an almond-like shape, and is wanting in extreme hardness, there will be ample reason for pronouncing the tumour not to be cancerous. As the growth of the swelling proceeds, if it be scirrhus, it gradually attaches itself to the skin and to the subjacent tissues, which become involved in the disease. At the same time, central disintegration goes on, and, after a while, the tumour gives way at its most exposed surface, and an open cancer becomes established. Fortunately for the patients, scirrhus tumours sometimes terminate in another manner, and, at an uncertain period of the affection, the swelling ceases to increase; next, the tumour slowly diminishes in size, and the breast itself participates in the atrophic action, so that the shrivelling of the tumour and of the breast go on simultaneously, and the disease subsides, with the loss only of the organ which it had selected for attack. Scirrhus of the uterus is developed at an earlier age than the same affection in the breast; it runs a more rapid course, and, owing to the position of the organ, and the greater difficulty of recognising

the disease from the commencement, is less amenable to treatment. Besides the peculiar cartilaginous hardness of the tumour, the great increase of temperature in the vagina may facilitate the diagnosis. Mr. Cooke does not agree with Dr. Tanner in the opinion expressed by the latter author, that medullary cancer is more frequent than scirrhus in the uterus.

Next in frequency to scirrhus comes the epithelial form of cancer, but although it includes nearly all of the cases of cancer in men it still represents rather less than one-third of the cases of scirrhus. Its most common seats are, the lower lip, the tongue, the penis, the vagina, and the rectum; the back of the hand is also not unfrequently affected by this form of cancer. Mr. Cooke insists upon hardness as a necessary concomitant in epithelioma no less than in scirrhus. If, as in cases of induration of the tongue, with fissuring of its substance, the history of the case is obscure, and there is any reason to suspect that the affection of the tongue is syphilitic, and not cancerous, the administration of iodide of potassium, or iodide of iron, will soon set our doubts at rest, by quickly curing the disease, supposing it to have a syphilitic origin, or by a negative result, in the event of its being cancerous.

Medullary or soft cancer, contrary to scirrhus, is nearly always characterised by the softness and compressibility of its structure. It has been observed in all parts of the body, but is more frequently seen in the eye, the testis, the breast, and the uterus, than elsewhere. It is of rapid growth, and soon exhibits the highly vascular condition peculiar to this form of cancer. The period of life at which it is most common is from thirty to thirty-five, but it is also not unfrequent in the very young. Mr. Cooke says that he has seen it at the age of four years in the eye, as well as in the testis. It commences as a small lump, which increases rapidly, and soon infiltrates the neighbouring structures, making them very vascular, almost purple; it is, moreover, attended by considerable lancinating pain, similar to that of scirrhus. Medullary cancer is observed in only $4\frac{1}{2}$ per cent. of all the cases seen at the Cancer Hospital.

Colloid cancer is more rare even than the preceding form. It consists of a congeries of gelatinous cysts, usually of the size of a hazel-nut, containing serous fluid, and bound together into a connected mass by an investing thin envelope. It is more frequent in the abdominal cavity than in any locality, but Mr. Cooke has seen it in the external parts of the body, and sometimes intimately connected with the periosteum of the long bones. It is of rapid growth, rarely proceeds to ulceration, and seems to prove destructive to life by encroaching upon and impeding the function of different organs, whose healthy action is necessary to existence.

After a general description of cancer, from which the preceding remarks are taken, Mr. Cooke passes on to an account of the disease as it occurs in the different organs and tissues of the body, in the same order as the relative frequency with which each part is affected with cancer.

As has already been stated, this disease shows a marked predilection for the breast in the female. In this situation the diagnosis may be sometimes perplexing between cancer and mammary abscess. It will facilitate the diagnosis to observe that, although the hardness which accompanies mammary abscess is sometimes very considerable, it is diffused over the whole breast, and does not communicate to the hand the sensation of a circumscribed tumour, like scirrhus does. A patient suffering from persistent milk-abscess of the breast is apt to become alarmed by the duration of the affection, and by the continuous hardness of the tumour; there is, however, no cause for great alarm, for Mr. Cooke states that he has never known a case of cancer in the female breast which has taken its immediate origin from a milk-abscess. The glandular engorgements, known by the name of adenocèles, or adenoid tumours, are liable to be mistaken for cancer, upon a superficial examination. They may be distinguished from the latter disease by their commencing as small almond-shaped tumours, very loosely attached to the surrounding tissues, and gliding with great freedom under the skin when pressed by the fingers; by their being seldom solitary; by their never attaching themselves to the skin, and by their never suppurating so long as they remain as adenoid tumours. They are more generally observed in the breasts of unmarried than of married females. In nearly every case of adenocèle there will be obtained a history of hereditary tendency to phthisis; and the treatment suitable for the tubercular diathesis usually suffices for the cure of these tumours. Adenoid tumours sometimes take on a cancerous character, according to Mr. Cooke, who considers them as forming a class of cases, constituting a link between innocent and malignant tumours; a good deal of argument has arisen upon this question amongst authors, some of whom have denied, whilst others have affirmed, the existence of such an intermediate link between innocent and malignant tumours. Mr. Cooke is of opinion that such disputed gradations can exist.

Sometimes a hard swelling may form in the breast after a blow upon that part has been received; but if we take into consideration the injury, the absence of hereditary predisposition to cancer, and the nature of the pain, and watch the effect of the remedies used, we shall soon be able to distinguish fibrous exudation from scirrhus.

Cystic tumours situated in the breast may also be confounded

with cancer; they may be distinguished from it by the greater weight of the latter, the possibility of compressing the cyst, and the absence of the severe, lancinating pain felt in scirrhus; the introduction of a fine exploring-needle into the tumour, when doubts are still entertained as to its character, will confirm the diagnosis. The course of treatment to be adopted for a cystic tumour is simple, and consists in tapping it with a trocar and canula, and afterwards injecting iodine, as in the case of hydrocele.

Scirrhus is by far the most common form of cancer in the breast, forty-nine out of fifty cases being referrible to that variety of the disease. When medullary cancer attacks the breast, it is usually at an earlier age; it extends more rapidly than scirrhus, and is invariably attended by hæmorrhage, which is often only controlled with difficulty.

The question of the propriety of removal of the tumour forms an important part of the treatment of cancer, after the disease has been fairly ascertained to exist. Statistics have done more towards a confusion than a decision of this question; and it is probable that, if many cases which have been favourably reported upon soon after the operation of removal has been performed, had been carefully watched subsequently, it would have been seen that the disease had speedily returned. During the period from 1851 to 1863, amongst 413 persons who had been operated on for cancer, and who came under Mr. Cooke at the Cancer Hospital, the average interval between the removal of the tumour and the recurrence of cancer was only six-and-a-half months. Mr. Cooke is, as a rule, opposed to operative interference; he says that in exceptional cases an operation will be justifiable and desirable, but that in the majority of cases, life will be prolonged by abstaining from this proceeding, and by substituting remedial measures. In certain cases, the propriety of removal of the tumour is more than ordinarily dubious: when the patient strongly objects to the operation, for a cheerful temperament, and confidence in the result of treatment are requisite to success; when there is any indication of serious disturbance of the heart, lungs, liver, or kidneys; and when the tumour is not freely moveable, and the cancerous infiltration has extended to some distance from the point at which the tumour commenced. An operation upon a scirrhus just formed is of doubtful benefit; but in a later stage of the affection, it possesses the certain advantage of getting rid of the source of constitutional decline. The method of removal described by Mr. Cooke is the same as that usually adopted. We must, however, remark that this author speaks very favourably of acupressure as a means of checking hæmorrhage from the divided vessels. Whenever it is necessary to remove enlarged

axillary glands, it is better, in Mr. Cooke's opinion, to make this the subject of another operation, for the reason that, when a primary operation is justifiable, the engorged glands will often subside, *proprio motu*.

Mr. Cooke denounces the plan of gradual removal by caustic, after the manner introduced into this country some years since by an American practitioner, as a barbarous proceeding, attended with prolonged torture, and giving no better security against the return of the disease than does operation done by the quick scalpel, while the patient is under the influence of chloroform.

The medical treatment of cancer is not altogether satisfactory ; "everything in turn, and nothing long" seems to be the order of the day in this respect. The most favourite amongst the hundreds of remedies which have been tried and have been vaunted as almost specific by over-sanguine writers, are arsenic, iron, conium, and the preparations of iodine. Mr. Cooke has availed himself of the valuable field for observation at his disposal to put these, as well as numerous other remedies, to the test. The following is a brief summary of the conclusions at which he has arrived :—Arsenic is sometimes useful as a general tonic, but there is no evidence to show its superiority over any other remedy ; the preparations of iron, of which Mr. Cooke prefers the old red oxide, and the *tinct. ferri sesquichlor.* combined with dilute phosphoric acid, have the great advantage of not being injurious, like the preceding remedy, while they are doubtless valuable tonics in the large class of cases connected with an anæmic condition ; conium was not found to answer, its effects being merely sedative, and having the drawback of frequently producing derangement of the stomach and headache ; iodine and its preparations are not curative, although sometimes benefit is temporarily obtained by their administration ; iodide of potassium is of value chiefly as an aid to diagnosis, by its effects on tumours concerning which some suspicion of a syphilitic taint exists ; the alkalies, ammonia and soda, are only of benefit through the improvement which they may effect in the process of digestion ; galium aparine, or cliver grass, seems to exert some little influence in checking the rapid progress of cancer ; mineral acids, especially phosphoric and hydrochloric, appear to produce the best effects. Mr. Cooke generally gives one of them, in combination with the compound tincture of bark, or the tincture of serpentary, calumba, or orange peel, or with the tincture of the sesquichloride of iron, or the phosphate. Cod-liver oil is a valuable remedial agent, and besides its administration, the patient should be well nourished with wholesome food, and a moderate quantity of malt liquor or wine.

The various methods of the treatment of cancer by external means are, for the most part, useless, or worse than useless, in

controlling or checking the disease. Pressure with air-pads, suggested by Dr. Arnott, has only produced negative results in the practice of Mr. Cooke, who has moreover seen, in several instances, injurious effects, and even hastening of the ulceration of the tumour, brought on by this treatment; besides, if it relieves the pain in some cases, it greatly increases it in others. Cold, by means of ice cautiously applied, is occasionally useful in keeping down strong inflammatory action, but it must be employed with caution, and only as a temporary expedient. Electricity does not produce any results bearing out the favourable manner in which some writers have spoken of it; iodine painted over the tumour is objectionable, owing to the irritation which it induces, and the greater rapidity of growth; the same objection applies to vinegar and oil, a common application.

Liquor plumbi diacetatis has a beneficial effect over these tumours, and tends to subdue the inflammatory action which leads to suppuration. Of the local anæsthetics, Mr. Cooke gives the preference to belladonna, made into an ointment in the proportion of two drachms of the extract to six drachms of *ceratum saponis*, or, if the dark colour and smell are disliked by the patient, atropine mixed with zinc ointment. If the cancer has passed on to the stage of ulceration, four indications must be kept in view in prescribing external remedies:—1, to heal the ulcer; 2, to deodorise the discharges from the open sore; 3, to prevent sloughing; and 4, to check hæmorrhage when it occurs.

Mr. Cooke states that he has seen an ulcerated scirrhus heal completely under the influence of a lotion containing eight grains of chlorate of potash, and two minims of strong hydrochloric acid, to an ounce of distilled water: this lotion is also the best deodoriser. Inflammation may be kept under by cooling spirit lotions, or ice, judiciously employed. If a slough forms, its separation may be hastened by the application of manganate mixed with the permanganate of potash; this is a powerful caustic, but in the manner described by Mr. Coote, it can be so applied as to affect the slough only. When hæmorrhage occurs, Mr. Cooke recommends as a styptic application the tincture of the sesquichloride of iron, and in severe cases the *liquor ferri perchloridi* of the new pharmacopœia.

We regret that want of space will not permit of our making any extracts from the remaining chapters, which treat of cancer of the tongue, the lips, and face, the genital organs, the eye, the rectum, and the internal organs. We trust, however, that we have said enough to show our readers the value of this work, which abounds with evidence of deep thought, original research, and immense experience.

On Flooding after Delivery, and its Scientific Treatment ; with a Special Chapter on the Preventive Treatment. By LUMLEY EARLE, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham, &c.

FLOODING after delivery is one of the most common complications of labour, and consequently demands great care and watchfulness on the part of the obstetric practitioner. Its frequency varies so much in the practice of different medical men, that it is evident that the variation in relative frequency is due not to mere chance, but, in great measure, to the method of conducting the labour, and the precautions which are employed, both during and after labour. If the medical attendant is hasty in removing the infant or the placenta, if he leaves the patient almost immediately after the completion of the labour, if he never puts on a binder, and if he permits the woman to be delivered otherwise than in bed, he will certainly have in his practice a greater proportion of severe, and sometimes fatal, cases of flooding than another practitioner who, on the contrary, exercises proper precautions to prevent the occurrence of this accident. Flooding after delivery is more common in town than in country practice, probably owing to the debilitating influence of town life, in warm than in cold climates, and in multiparæ than in women who have had no previous confinement. It may be either rapid, bringing the patient into imminent risk in the course of a very short time, or more gradual, the flow of blood not being so large as in the former variety, but constant. Formidable as the first-named variety may seem, and, indeed, is, there is often more real danger to life and more subsequent constitutional impairment in the latter class, because there is more chance of the nature of the case being overlooked, through the absence of the practitioner, or the ignorance of the woman and those about her.

The first indication of flooding is the rapidity of the pulse ; in ordinary labour the pulse sinks, after the removal of the child, so that when the pulse has thus fallen, and then begins to rise again, due vigilance must be exercised. Another sign which Dr. Earle relies upon is the dilated condition of the pupil ; but the inspection of napkins which have been applied to the vulva is requisite to strengthen the suspicions induced by the symptoms just mentioned. As a rule, the patient's answers to questions put to her are not to be solely relied on ; for she may, through either apathetic indifference, caused by loss of blood, or fear of being moved, or want of knowledge, give replies which are more likely to mislead than to guide her attendant. If the hæmorrhage is caused by clots remaining in the uterus, it will generally cease upon pressure with the hand over the uterus, and

the removal of the clots. If, however, the flooding continues, the patient's face and lips lose their colour, faintings come on at frequent intervals, the patient sighs deeply, yawns frequently, and shows an uncontrollable desire to fall asleep ; later still, the face becomes bedewed with cold, clammy perspiration, the extremities lose their natural warmth, the patient's vision gradually fails her, and she sinks into a state of collapse, speedily followed by death.

Wisely following out the principle that prevention is better than cure, the author devotes a considerable space to the advocacy of certain precautions, such as early attendance upon the patient, attention to the state of the bowels and bladder, the delivery of the patient in bed, the use of a binder placed around the abdomen during labour, and tightened after the removal of the infant and placenta, and remaining with the patient for an hour after delivery, in order to reduce the risk of hæmorrhage to a minimum.

Despite of all precautions, the complication will nevertheless sometimes happen, and then we must have recourse to various remedies. Of these, the principal are : pressure over the uterus with the hand ; cold, combined with pressure ; the administration of ergot ; the introduction of the hand into the uterine cavity ; compression of the abdominal aorta ; irritation of the mamma, as recommended by Dr. Rigby ; turpentine enemata. Some practitioners advocate, in extreme cases, the injection of cold water into the uterus ; if ever resorted to, great caution should be used in this method, for the depressing effects of cold are so great and sudden that patients have been known to sink almost instantaneously under its influence. Another plan, occasionally recommended, is that of plugging the vagina ; Dr. Earle says that this ought very rarely to be employed ; we would say, never, for it often only substitutes internal for external hæmorrhage, while it masks the patient's actual condition, and prevents the adoption of mere efficacious plans of treatment. A liberal administration of good brandy ought never to be omitted, as it both rallies the patient and sets up uterine contraction.

On the whole, Dr. Earle has produced a very serviceable book, worthy of perusal by all who are concerned in the practice of midwifery. We would suggest the advisability of omitting from the title, in the next edition, the word "scientific," as being unnecessary and superfluous.

ANALYTICAL DEPARTMENT:

INCLUDING OCCASIONAL NOTICES OF IMPROVEMENTS AND INVENTIONS HAVING RELATION TO THE PROGRESS OF MEDICINE, &C.*

FREMLIN'S BITTER ALE.

Upon examination of the sample of this ale, taken from stock, we found it to possess 6·8 per cent. of alcohol, with a specific gravity of 1006·6.

It contains 3·9 per cent. of sugar and extractive matter, and 0·4 per cent. of mineral matter, making a total of 4·3 per cent. of solid constituents.

The sample was also carefully examined for the usual adulterants, but not the slightest trace of these could be found. The beer is consequently *genuine*.

It is strong, and of good quality, and these properties, as well as its perfect freedom from adulteration, render it not only fit for general use, but valuable as a tonic in cases of nervous dyspepsia, anæmia, and other disorders in which it is thought desirable that the patient should take malt liquor as part of his diet.

THE MONTH.

OCCASIONAL NOTES.

EARL RUSSELL is pledged to a Reform Bill, and to no one is a real measure of reform more imperatively necessary than to our struggling profession. We labour without reward, ostensibly for the poor, but it cannot be denied that the better classes use the charitable institutions equally with the indigent. Our medical officers of health are subordinate to the parochial boards, to whom they ought to be the dictators, and not the servants. Those of the profession whose lack of this world's goods obliges them to accept the miserable pittance doled out for arduous services among the pauper classes, are the slaves of the so-called "guardians" of the poor. And, indeed, such will ever be the case while we continue to be without direct representation in the House of Commons. In the "epoch-making" parliamentary

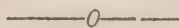
* Under this head it is proposed to give analytical notices of articles of diet, new drugs, and medicinal preparations; with occasional notes on various improvements and inventions bearing upon medicine and allied branches of knowledge. It is particularly requested that all communications respecting this department shall be properly authenticated by the names of the writers.

session before us, let the 20,000 medical men of the kingdom unite as one man and urge on the luke-warm members that the time has come for our ill-paid, ill-used, and ill-considered body to be directly represented in Parliament. The Jamaica question is serious, the Hong Kong affair requires sifting, the disquiet and panic in Ireland calls for serious thought, but of all questions, that of reform is the most weighty and engrossing. The feeling of the people with regard to reform is being carefully probed, and, if it were possible, the question would doubtless be avoided altogether. But the Government must either stand or fall on this question, and the voters at a new election will not be slow to mark those who have wavered in the promises so recently given on the hustings. Our Medical Council is a stagnant body—impotent to carry out any important measures of reform. An abortive Pharmacopœia forms its solitary triumph, chequered by the thought that the confusion of names in the mercurial preparations may lead to accidental poisoning. No liberal minded medical man must rest satisfied with the Medical Council. It is not a remedy to raise himself and his cloth in public estimation. But if the Medical Profession is true to itself, and if its members will but remember the advancement of their brethren as well as their own, there is the making of a happy time for our jaded and hitherto ill-requited profession. At present we have no spokesman and no champion in the House of Commons. If, peradventure, some solitary member may have once either studied or practised the healing art, he is not there to defend our rights or to care for our interests. He is there to defend the rights and to do the bidding of the mixed constituency that has seated him. Our universities can secure the best orators and the most powerful minds in the empire to represent them, but our colleges of surgeons and our halls of physic have not even a small and feeble voice among the throng of senators. There is not an interest in the United Kingdom, save our own, which has not its powerful aid in time of need. There is not a bill which passes through the House that does not help to pour wealth into the pockets of the legal profession. There is no lack either of honour and preferment for the workers in the Church, which is so well represented in the House of Peers. As regards the Law, in both Lords and Commons, talented and stirring representatives abound; but doctors are nowhere in the House. There are many bills that require the pruning hand of the surgeon or the sanitary expert, which pass into law and place the profession at the mercy of any and every other interest in the kingdom. The sanitary condition of our crowded town population is disgraceful to a Christian nation, while the treatment of our Poor-law medical men is in keeping with that spirit of mock benevolence and sham civilisation which is rampant in the land.

To those accustomed to read the various medical journals, the words "professional status" must be pretty familiar. The improvement of the status is the staple word in many leading articles, and various are the modes recommended to bring about this desirable result. Some consider that an improved status is to be obtained by dropping the worthy diploma of the Apothecaries' Hall, and by taking the License of the College of Physicians, an institution which has migrated from the City to spacious premises in a more fashionable locality. In the march of intellect the working apothecary is distanced by the fastidious physician. Others consider that by transforming their shop into a "surgery" everything needful for good social position has been done. Others again are not content even with the diplomas of the Colleges and Halls. In their aspirations after a more exalted status, University degrees are the only qualifications that are not despised. Then, again, the various learned societies allow of further encroachments upon the alphabet, and our aspirants after status are not slow to avail themselves of such manifest advantages. The only drawback to all this is, that the public know nothing of these distinctions and do not care to learn. They are very much alive, however, to the jealousies and bickerings that are not infrequent concomitants to professional life, and the status of the profession would rise in public opinion if there were more rivalry to excel in alleviating, with God's help, human suffering, than in seeking distinction in a string of letters.

The addition of an odd shilling or so, to the daily pay of certain ranks of the Medical Staff of the Army, the optional retirement of its members on a small pension after twenty years' service, and the restoration of the vaunted warrant of 1858, with clauses, however, which still keep up the "disabilities" of the Army Doctors and their inferiority to their military associates, does little credit to the recent committee. The late deeply respected and beloved Mr. Alexander has been only too sadly missed by the department which was emerging out of chaos under his skilful, energetic, and independent guidance. Let Army Doctors heal, and let combatants fight, but in all and every other respect let there be *perfect equality*. The Presidentship of mixed Boards is not disallowed to a doctor, but it is recommended that these should cease to exist. According to the dates of the commissions of their relative rank, medical men are to sit on courts-martial, but the dignity of President is to be denied them. The truth is, military law can cover such a mass of injustice, that clear-headed medical men are in the way. The 213 pages of the report which has crowned the efforts of the committee, do not obscure the feebleness of their opinions.

With the seeds of sedition being sown broadcast among the men by the Fenian fanatics, it is no time to continue a system of slighting impertinence to the members of a department so wonderfully popular with the troops. Our soldiers are more easily led by kindness, than by all the discipline, red tape, and Queen's Regulations put together, and we are proud to think that a loyal and true Medical Department can be of great use to its Queen and its country. We trust that a just government will recognise its services in a liberal spirit.



SUMMARY OF NEWS.

THE all-engrossing topic of the past month has been the cattle-plague, which has assumed such formidable dimensions as to make it a subject of public discussion, and public legislation. From the second report of the commissioners appointed to inquire into its nature, we learn that up to the 27th day of January, more than 120,000 cases of the disease had been registered. In our last summary, we stated that the theory that small-pox and the cattle-disease were identical in their nature, was completely exploded; an additional confirmation of the fallacy of this theory has been recently furnished by the fact, reported by M. Bouley at the meeting of the Academy of Paris on February 13th, that a number of vaccinated cows which had been sent from France to England, in order to be placed in contact with diseased cattle, so as to test the extent of the immunity alleged to be derived from vaccination, had all taken the complaint. Professor Gamgee's long expected work on the Cattle-Plague has at last made its appearance in a thick volume of 850 pages. It contains a large amount of information on the history, pathology, and treatment of the affection. It must be gratifying to the author, who was violently assailed by the daily and weekly press on account of the opinions which he advanced some time since, especially with regard to the circumstance of its having been imported from abroad (which was at first denied), and the necessity of repressing the disease by strong measures, to find that the truth of his doctrine is now becoming generally recognised.

From veterinary, the transition is easy to human, medicine. The Cholera Conference commenced its sittings at Constantinople on February 13th. It is composed of the Hon. W. Stuart and Dr. Goodeve, as representatives of Great Britain; Salih Effendi, Director of the Medical School at Koombarahané, and Dr. Bartoletti, representing Turkey; Drs. Greisinger and Hertsch, the Prussian representatives; Drs. Pelikan, Bykow, and Lintz, from Russia; Dr. Salvatore and the Chev. Vernoni, from Italy; and Count Lallemand from France. According to the latest reports, cholera still prevails to a considerable extent in Southern Russia; nearer home, at Brest, forty-six deaths from this disease occurred in the five days preceding February 12th.

The prevailing epidemic in this country is, and has for some time been, fever, both typhus and typhoid. Typhus has been very fatal in Newcastle-on-Tyne, where two medical practitioners, Dr. Watson and Dr. Hawthorn, have fallen victims to their assiduous attention to the sufferers. A fresh outbreak of fever has been reported at the St. Pancras Workhouse, and the epidemic is exceedingly rife in Whitechapel and some other parts of the metropolis.

As forming a strange commentary upon the unsatisfactory state of things, we have laying before us the speeches made by some of the vestrymen of more than one large London parish, who have lately displayed

their dislike for sanitary improvement by rabid attacks upon the medical officers of health, whom they have not hesitated to stigmatise as 'quacks,' and ungrateful meddlesome men, led on by that 'wretch of a coroner.' The character of the fellows who indulge in this pothouse oratory is so well known that it is a merit instead of the reverse, to be abused by them; but surely, long as their ears (metaphorically speaking) are, some means might be adopted for limiting the length to which their tongues are allowed to go. We would advise anyone who wishes to know how these local representatives mismanage the affairs of the metropolitan parishes, to read some articles which have lately appeared on the subject in *All the Year Round*, and we think that by the time the reader has arrived at the end of the series, he will be ready to cordially endorse the following sentiment, which concludes the last article. "Verily, the gentlemen of the vestry are all talk, and nothing else. And such talk! In doing nothing, they murder the Queen's subjects; in talking they murder the Queen's English. All society is in the jury-box, with a verdict of guilty against them. May they be speedily executed and made an end of!"

Poor-law Reform stands a better chance in this session of Parliament than it has done in any preceding one. Mr. Griffin is, as usual, indefatigably at work, and his brethren in the cause are more unanimous in their support, pecuniary as well as moral. They have only to exert their united efforts, and they must succeed in obtaining redress of their grievances.

Speaking of Parliament reminds us of a statement which lately appeared in *L'Imparziale*, that no fewer than eighteen medical men have seats in the present Italian Parliament—viz., eleven in the Chamber of Deputies and seven in the Senate. If we had only this number in our own Houses of Legislature, how different would be the treatment of the profession whenever matters concerning it come under consideration!

The Committee on Venereal Diseases in the Army and Navy have just issued the first portion of their report. Their principal recommendations are:—The periodical inspection of all known prostitutes in the garrison towns placed under the provisions of the Contagious Diseases Prevention Act; the extension of its operation to all garrison and seaport towns in the kingdom where troops or ships of war are stationed; the placing of the Lock Hospitals under government control; and more stringent police supervision of the women in the streets of such towns. The Committee recommend these amendments in the Act, in the interests of public health and of the women themselves. It is evident that if these measures be carried out and found to work successfully, the operation of the Act will be ultimately extended to all large towns. Great difficulties stand in the way of effectually carrying it out; we need only allude to one of these,—viz., that, according to the calculations of Parent-Duchatelet, the great French writer on this subject, the proportion of "clandestine" prostitutes is as ten to one compared with those known as following this wretched calling. Of what practical use will be the periodical examination of the registered prostitutes, if ten times as many other women can go on spreading venereal disease without hindrance?

On a recent visit to St. Mark's Hospital for Fistula (which, we may remark *en passant*, is a model institution in every respect, but particularly as regards its internal management and the urbanity of the staff), we were much interested by seeing the perfect success obtained by Dr. Richardson in the production of local anæsthesia by his new method. Insensibility of the parts to be operated upon was produced, by means of a jet of ether thrown upon them from the spray-producer, in much less time than it would have taken to place the patients under chloroform; and the anæsthesia induced was so complete that the operations, five in number, were speedily accomplished by the operator, Mr. Gowlland, without pain

to the patients, notwithstanding the extreme sensitiveness of the different tissues about the rectum.

We regret to have to record the death of Professor Brande, F.R.S. He was born in 1786, and was grandson of a physician who came over from Hanover with George 3rd, in attendance upon that monarch. He received his general education at Westminster, and entered as a student at St. George's Hospital in 1802, attending the lectures and the dissecting-room. He soon, however, discovered that Chemistry had more attractions for him than Medicine, and he accordingly devoted his attention to that science. In 1808 he examined the calculi at the Hunterian Museum, and commenced lectures on chemistry at the Cork street School. He next joined the teachers at the New Medical School in Windmill street, where he laid the foundation of his fame as a lecturer on chemistry. In 1809, when only twenty-three years of age, he became F.R.S., in 1813 he obtained the Copley Medal, and from that year to 1826 he occupied the post of secretary to the Society. In 1812 he was appointed Professor of Chemistry and Materia Medica to the Apothecaries' Company, of which he was elected Master in 1851. As Professor of Chemistry at the Royal Institution he delivered lectures for many years in conjunction with Mr. Faraday, with whom he was also associated during a long period, as Editor of the *Quarterly Journal of Science*. He was also superintendent of a department in the Mint, an Examiner in the University of London, and an honorary D.C.L. (1853) of Oxford. He was author of numerous works, including a "Manual of Chemistry," "Outlines of Geology," a "Dictionary of Science and Art," &c. The obituary of this month also comprises the names of Dr. George Birkett, late Lecturer on Medical Jurisprudence at Charing Cross Hospital; and Mr. Nathaniel Ward, formerly connected with the London Hospital.

HUNTERIAN SOCIETY.—The forty-seventh anniversary meeting of this society was held last month. On February the 7th the annual oration was delivered at the Society's rooms, 4 Blomfield street, by Mr. D. De Berdt Hovell, who, in his address, gave a comprehensive sketch of the modern practice of medicine as influenced by recent discoveries in science, and as viewed in reference to the life and period of John Hunter. The dinner took place on the 9th at the London Tavern, Alfred Smee, Esq., F.R.S., the retiring president, in the chair. A large number of guests were present, including the President and Vice-Presidents of the College of Surgeons; the President of the Medical Society; Professor Owen; Dr. Miller, Treasurer of the Royal Society, &c., and the evening passed off very agreeably.

SICKNESS IN THE INDIAN ARMY.—Accounts from Bhootan report that the troops are very sickly in their present quarters. The 9th Native Infantry had 100 in hospital out of 600, after some weeks at Dewangiri, and the rest in proportion. Yet it is stated that these head-quarters of dysentery are to be made a permanent infantry station.

MUNICIPAL GRATITUDE.—Fourteen medical men have received from the municipality of Ancona silver medals as a recognition of their services during the epidemic of cholera which raged in that city.

FEVER IN NEWCASTLE-ON-TYNE.—Typhus fever, which has been fatal in some of the more neglected parts of the east end of Newcastle-on-Tyne during the winter, seems to be travelling into the more wealthy quarters of that town. Dr. Watson and Dr. Hawthorn have fallen victims to this disease.

ROYAL COLLEGE OF SURGEONS.—There are 1,310 Fellows of the College of Surgeons, of whom 744 are by election and 254 honorary, and 302 by examination.

PASS-LISTS.

CAMBRIDGE UNIVERSITY.—The following have obtained the Professor's Certificate in Comparative Anatomy :—L. G. Blyth, Corpus College ; C. T. Fitzgerald, St. John's College ; J. K. Tucker, Magdalen College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—Naval Surgeons.—At a meeting of the Court of Examiners of the Royal College of Surgeons of England on the 25th ult., the following Assistant-Surgeons in the Royal Navy passed their examinations for full Surgeons in that department of the public service :—Archibald Grant Colquhoun, of the Royal Marine Infirmary, Woolwich, diploma of membership of the College dated July 30, 1861 ; Robert James McMorris, (half pay), member May 16, 1859 ; William Yarde, M.D., of H.M.S. *Industry*, Woolwich Dockyard, member July 3, 1857 ; George Curtis, of Haslar Hospital, Licentiate of the Royal College of Surgeons, Ireland, May 20, 1861. The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 25th ult :—Herbert Goldingham Budd, Worcester ; William Ifill Buhôt, M.D., Tobago, West Indies ; Stephen Wootton Bushell, Brixton ; Thomas Diver, M.D., London ; Henry Pelham Gordon, Queensland ; John Fraser Hussey, Salisbury ; Israel John La Mert, Albemarle street.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th ult. :—Thomas Guy, Doncaster, diploma of membership dated July 2nd, 1841 ; Clement Mears Harris, Wootton-under-Edge, Dec. 21st, 1838 ; Charles Reynolds Rowe, Wimborne Minster, June 1st, 1835.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH : DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations during the recent sittings of the Examiners, and were admitted L.R.C.P. Edin. and L.R.C.S. Edin. :—Colles Litchford Anderson, Madras ; William John Grier, Co. Longford ; Arthur Luke Hackett, Cork ; William Hugh Holmes, Cork ; Howison Jas. Johnstone, Co. Longford ; David Joshua Jones, Carmarthenshire ; James Loos, Ceylon ; Cornelius John M'Kenna, Tipperary ; Lewis Miller, Dublin ; Samuel Parke, Gilford ; Robert Pattie, Dumfriesshire ; Alex. Ramsay Ritchie, Edinburgh ; Thos. Alex. Thompson, Carrickfergus ; William Wylie, Poyntzpass. And the following gentlemen passed their first professional examinations :—John Kerr Davidson, Wick ; Edward E. Purcell, Limerick ; Henry Bath, Glastonbury ; Richard Young, New Lanark ; John Riddle, Ballybay.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—The following gentlemen passed their final examinations during the recent sittings of the examiners, and were admitted licentiates of the College :—John Charles Douglas, Wigtownshire ; William Thomas Greene, Dublin ; G. Wardlaw Turnbull, Linlithgowshire ; John Aloysius Walsh, Carrick-on-Suir ; John Wright, Derbyshire. And the following gentleman passed his first professional examination :—Rolt Ayre Smith, Monkwearmouth.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on the 25th ult. :—Henry Pearson, Plymouth grove, Manchester. The following gentlemen also on the same day passed their first examination :—Richard Strange Hall, Manchester Hospital ; William French Thurston, Guy's Hospital. Of the thirty-two candidates who presented themselves for the Preliminary Examination in Arts on the 26th and 27th January, the following passed, and received certificates of proficiency in general education :—William Atter, Edward E. A. Batchelor, J. H. Clark, G. K. Elphinstone, Wm. E. Fulford, Henry B. Harrison, Chas. Homer Hill, Thos.

Wood Hill, Wm. Hodgson, W. H. Johnson, John C. Keighley, Henry Medd, J. W. Moss, Alfred Blake Norman, Windham Randall, B. Stewart Ringer, Wm. Sheard, H. H. Spratt, Thos. Unicume, Sam. Walker, Francis Warner, F. W. Willmore. The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 1st ult.:—Josiah Oake Adams, Plymouth; Henry Charles Bury, Whetstone, N.; Edward Mills Grace, Downend, Bristol; Henry Rundle, Plymouth. The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 8th ult.:—George Thomas Hankins, Guy's Hospital; Frederic William Lloyd Hodder, Toronto, Canada West. The following gentlemen also on the same day passed their first examination:—William George Kemp, St. Bartholomew's Hospital; William James Todd, King's College Hospital.

MEDICAL APPOINTMENTS.

Anderson, T. McC., Professor of Medicine, Glasgow University.—Bland, Mr. W. C., Assistant House-Surgeon, Huddersfield and Upper Agbrigg Infirmary, vice Davis, resigned.—Brennan, R., M.R.C.S.E., Resident Surgeon Birmingham and Lying-in Hospital and Dispensary for Diseases of Women and Children, vice Branson, resigned.—Beatty, J., M.R.C.S.E., Medical Officer and Public Vaccinator for East Oldbury District of West Bromwich Union, vice Cooper, deceased (the Oldbury District has been divided into two).—Beavan, J., M.R.C.S.E., late House-Surgeon Hereford Infirmary, Medical Officer and P.V. for District I and Workhouse, Leominster Union, vice Davies, resigned.—Bobart, W. M., M.R.C.S.E., Medical Officer and P.V. for District I of Derby Union, vice Lindley, resigned.—Bowstead, R. M., M.D., Medical Officer Saunderton Workhouse of Wycombe Union, vice Small, resigned.—Bird, W. V., M.D., Honorary Surgeon Booth Dispensary, Liverpool.—Chater, S., M.R.C.S.E., Assistant-Surgeon London Rifle Brigade, to be Surgeon.—Dickson J. T., M.R.C.S.E., Assistant Medical Officer to City of London Lunatic Asylum, Stone, near Dartford.—Hinn, J. J., L.R.C.P., M.R.C.S., L.M., Surgeon to West Derby Union Workhouse, vice Nevins, resigned.—Gradwell, W., L.R.C.P., Medical Officer and P.V. for Lytham District of Fylde Union, Lancashire, vice Niddrie, resigned.—Gentle, Dr. N., Member Anthropological Society.—Hardesty, J. J., L.R.C.P., Medical Officer and P.V. to St. Weonard's District of Ross Union, Herefordshire, vice Cocks, appointed to District 4.—Hammond, E. C., M.R.C.S., Honorary Surgeon to Wallasey Dispensary, Birkenhead.—Kearney, J. B., L.K.Q.C.P.I., Medical Officer, P.V., and Registrar of Births, Marriages, and Deaths for Clonmany Dispensary District of Mishowen Union, Co. Donegal, vice Irvine resigned, and appointed to Irvinestown Dispensary District of Irvinestown Union.—Knaggs, H. G., M.D., Fellow of Linnæan Society.—Kerans, R., L.K.Q.C.P.I., Surgeon to Constabulary, and Medical Officer to Banagher Dispensary District of Parsonstown Union, King's County, vice Tarleton, deceased.—Knox, J., M.D., L.R.C.S., L.M., Physician and Surgeon to Bakewell Dispensary, &c., vice Knox, resigned.—Levey, J., M.D., Medical Officer to Workhouse of Bailieborough Union, Co. Cavan, vice Taylor, deceased.—Mapleson, H. T., M.R.C.S., Medical Officer in Ordinary to the St. Marylebone Provident Dispensary, vice Gayleard, resigned.—Monat, F., M.D., Member of Royal Institution of Great Britain.—Macgowan, Dr. A. T., late 52nd Foot, Fellow of the Royal Medical and Chirurgical Society.—McGill, J. F., L.F.P. and S., Glasgow Medical Officer, and P.V. for Parish of Ballantrae, Ayrshire, vice Dunlop, resigned.—Newett, R. N., L.R.C.S., House Surgeon and Superintendent of Belfast General Hospital, vice Moore, resigned.—Norrish, J., M.R.C.S., Assistant Medical Officer to Cheshire Lunatic Asylum, vice Harper, appointed Medical Superintendent.—

Oliphant, J., M.D., Junior House Surgeon to Liverpool Northern Hospital.—Pocock, G. E., M.R.C.S., Consulting Surgeon to Brighton and Hore Dispensary.—Sarjeant, A., M.R.C.P. Edin., Medical Officer, P.V., and Registrar of Births, Marriages, and Deaths for Tempo Dispensary District of Eniskillen Union, Co. Fermanagh, vice Graham, resigned.—Sykes, Mr. E. J., Dispenser to Devonshire Hospital, and Buxton Bath Charity.—Sankey, W. H. O., M.D., Lecturer on Mental Diseases at University College, London.—Turner, J. S., M.R.C.S., Surgeon to Penge General Dispensary.—Thorp, D., L.R.C.P., Resident Surgeon Accoucheur at General Dispensary, Birmingham, vice Holyoake, resigned.—Thorp, H., M.D., Medical Officer to Letterkenny Union Workhouse, Co. Donegal, vice Grueber, deceased.—Tuxford, A., M.D., Medical Officer to Boston Local Government Board.—Waghorn, F., M.D., Medical Officer and P.V. for District 5 of Axbridge Union, Somersetshire, vice Sweete, resigned.

OBITUARY.

Allanson, H. G. M., M.D., M.R.C.S., Lecturer on Anatomy in the Sheffield Medical School, at St. George's terrace, Sheffield, Jan. 28, aged 37.—Barton, Dr. J. J., formerly of Hall place, Bexley, at Brighton, on Jan. 29, aged 61.—Brittain, T. L., M.D., House Surgeon to the General Infirmary, Chester, on Feb. 1.—Birkett, George, M.D., of Northumberland House, Stoke Newington, on Feb. 1, aged 47.—Brown, Frederick, M.D., at Benham Lodge near Newbury, Berks, late of the 4th Dragoon Guards, on Feb. 2, aged 79.—Crosse, T., M.R.C.S.E., Thorverton, Devon, on Jan. 22, aged 68.—Colman, T. E. T., Surgeon at Wymondham, Norfolk, on January 24, aged 58.—Dalgairns, Dr. W., late Medical Service, Bombay Army, at Woodcot-Dollar, on Jan. 18, aged 70.—Evans, W. H., M.R.C.S.E., of St. Albans, on Jan. 28, aged 53.—Fothergill, G., L.S.A., at Morland, Westmorland, on Jan. 16, aged 60.—Girland, F. F., M.R.C.S.E., at Haversham, on Feb. 11, aged 62.—Griffith, R., formerly surgeon, R.N., at South Hampstead, on Jan. 25, aged 79.—Hawthorn, A. N., F.R.C.S., at Eccles Hall, Staffordshire, on Jan. 28, aged 46.—Henderson, A., Esq., Bombay Medical Service, at Church-hill, Edinburgh, on Feb. 6.—Hobson, Thomas, L.S.A.L., of Kirk Ella, Hull, on Feb. 1, aged 58.—Jones, W., M.D., of Torquay, formerly of the Strand, London, on Feb. 6, aged 58.—Leitch, James, L.R.C.S., Surgeon R.N., of Crieff, Perthshire, on Jan. 16, aged 84.—Macintyre, Peter, M.D., of Canning street, Liverpool, on Jan. 19, aged 68.—Mackee, K. G., M.R.C.S.E., of Hushwaite, Yorkshire, on Jan. 25, aged 29.—Monro, A., Surgeon, formerly of Ovingham, Northumberland, at Monkwearmouth, on Jan. 18, aged 77.—Morton, John, late Superintending Surgeon, Madras Medical Service, at Brighton park, Clifton, on January 28.—MacSorley, E., M.R.C.S.E., of Her Majesty's ship *Rattler*, at Nagasaki, Japan, by drowning, on Nov. 26, aged 36.—Pollard, T., of St. Helier's, Jersey, formerly of Rastrick, on Jan. 31, aged 46.—Riddell, R. H., Esq., of the Grove, Clapham common, formerly of H. H. the Nizam Service, and late Superintending Surgeon, Hyderabad Contingent, on Feb. 7, aged 67.—Sutcliffe, C., M.R.C.S.E., of Todmorden, Lancashire, on Feb. 12, aged 44.—Taggart, J., M.D., of Antrim, on Jan. 30.—Ticehurst, A. W., the eldest surviving son of F. Ticehurst, Esq., Surgeon, Mayor of Hastings, lost at sea in the steamship *London*, of which he was 1st officer, on Jan. 11, aged 27.—Walker, W. G., M.R.C.S.E., of Oxford, formerly of Brill, Bucks, on Jan. 24.—Ward, N., F.R.C.S.E., son of N. B. Ward, F.R.C.S.E., of the Ferns, Clapham Rise, on Feb. 10, aged 46.

THE MEDICAL MIRROR.

APRIL, 1866.

ORIGINAL COMMUNICATIONS.

On Indian Medical Practice. By THOMAS INMAN, M.D. Lond., M.R.C.P., Late Lecturer on Medicine, Physician to Liverpool Royal Infirmary.

As an old, and somewhat enthusiastic, teacher of medicine, I have endeavoured to imbue my pupils with the same interest in their profession that I have had myself, and have done everything in my power to encourage in them original observation.

Those who have gone to a distance have occasionally communicated their experience to me, from one, however, in particular, who was originally my clinical clerk when I was working up the subject of myalgia, and who was an intimate friend and correspondent while I was writing my second work on "*The Foundation for a New Theory*," &c., and who has been now for many years in India, I have received such valuable information that I have urged him most strongly to prepare his experience for publication.

Circumstances are yet adverse to his doing so, yet I think that the results he has attained are so important, that it is a sort of duty to our countrymen residing in hot climates to make them known. I would willingly give the name of my informant did I think that I could do so without inflicting probable injury upon him. Army surgeons are just as much prejudiced as other people, and look upon innovation with a frown, a snub, possibly something worse. To any one who takes the trouble *to think*, the conclusion will be apparent, that the climate of India *does not* strengthen the constitution or increase a man's muscular power, and that it *does* impoverish the blood, weaken the vital energies and diminish the tone of the muscles.

As a corollary, muscular affections are likely to be far more frequent amongst Europeans in India and in hot climates generally, than in England. In direct proportion to the weakness of the muscles is the severity and duration of myalgia

when it occurs, and the greater the tendency for the affection to be marked by fever and to run on into myositis.

Mistakes innumerable are daily made in England by medical men taking myalgia in one region or another for inflammation of the viscus below the affected muscles. More mistakes still are made in India, and the liver, spleen, kidney, &c., are supposed to be affected by inflammation, while the real seat of disease is in the parietes above them. After long consideration, my friend assures me that *inflammation of the liver is a very uncommon affection amongst Europeans in India*. He has seen abundance of cases so reported and each one that he has been enabled personally to investigate have been simple cases of intense myalgia.*

If any one will take the trouble to investigate the symptoms said to mark acute hepatitis he will find fever, thirst, &c., intense pain increased on pressure over the hepatic region, and pain in the right shoulder. Still farther, if he will take the trouble to find in what classes the complaint is most common, he will find it amongst the artillery drivers, who ride on the left horse of a pair, and guide the other by the whip, and are necessarily obliged when wheeling to the left to bend their bodies to the right. He will find still farther, that the affection usually comes on after a heavy field day, when the men have been for hours in the saddle. The army surgeons have read all this as illustrating the history of hepatitis—nothing of the sort. The work has produced intense myalgia of side, and of the deltoid muscle which worked the whip (“*voilà tout*”). This assertion of course is startling and requires proof, my friend has given me an account of all the cases he has had, and treated according to this view, and each one of them has recovered completely, by a few days rest, alone.

He has told me of other cases in which acute peritonitis or enteritis has been diagnosed, in which the whole of the symptoms have been due to long riding on camel back or on horses peculiarly uneasy, or from long and rapid running, jumping or other unusual gymnastics, and I may note here not only that I have met with similar mistakes in England, but that I have also seen them under the treatment adopted, run on to real peritonitis and enteritis.

He has told me of cases treated as acute inflammation of the kidney in which the real complaint has been intense myalgia, and possibly, myositis of the “*longissimi dorsi*,” and of many others of a similar nature, the heart at one time, the lungs at another being the presumed seat of the disease. To any one familiar with muscular pathology it must be at once apparent, that a tendency to myalgia implies a weak heart, consequently,

* Of course, there are many cases of abscess in the liver in dysentery, but these are not attended, during their formation, by those signs said to be characteristic of hepatitis.

he would expect to find that death from faintness or angina was a common occurrence on forced marches in hot weather, such is the case, and many a man falls down and dies, as it is said of sun-stroke, whose heart has simply been overtaken.

The practical results arising from the adoption of the above sensible and simple observations are so apparent, that I need not dwell upon them.

In the next place my friend very judiciously remarks, that in the climate of India there is a tendency to death by asthenia, consequently, all those medicines which have the effect of lowering the vital powers do far more harm in the hot countries than they do in England, and that many a death and shattered constitution are due more to extreme medication than to disease, and I can well understand this, for before he left our shores my friend had abundant evidence of myalgia in lying-in women, who had got up too soon after confinement, having been mistaken for peritonitis and treated according with fatal results.

I would like to have the power of sweeping away tartar emetic and calomel from the medicine chest of the Indian Armies as the physician general to the American forces did for his countrymen in the late wars, for I feel certain when the change was effected, that India would retain in her soil much less of Britain's bone and blood.

Another point to which my friend has called my attention is, the frequency with which fever and ague is brought on by exposing the body to sudden and violent alternations from heat to cold. He describes the change as being the most intense in marshy districts where between sun up and sundown the variation of the thermometer is some fifty degrees or more.

His first attack of fever was determined by visiting a house kept cool by all sorts of Indian appliances, after having had a rapid ride in the hottest part of the day.

I do not remember having yet seen this account given of the cause of certain fevers, but his observations to me have sufficed to demonstrate its truthfulness.

The effects of this would naturally be, to induce officers and men to shun a rapid change from a hot parade to artificially cooled rooms, and generally to avoid such extremes. It is not apparently the cold which does the mischief, but the suddenness of the change. Such a change in the wounded we have long known to be productive of lockjaw.

Entertaining these views, it is evident that my friend must wait a long time ere he ventures to enunciate them, I am influenced by no fears of "authorities," I write boldly what I believe firmly, and I trust that there are to be found some, high up in Indian Service, who will be found sufficiently liberal to put these ideas to the test.

Case of Abscess connected with the Knee-joint in a Child Seven Years old, followed by Necrosis of the Tibia ; Recovery and Perfect Motion of the Joint without Anchylosis. Read before the Hunterian Society, March 25th, 1863. By J. M'DONNELL, M.D. Edin.

MISS M. E., residing in Albion road, Stoke Newington, aged seven years was seized on the 8th of March, 1862, with violent pain in the upper part of the calf of the right leg extending to about its middle. The pain was increased on pressure in a slight degree and for a limited extent above, prevented motion, the child being unable to stand. It was also impossible to bend the leg on the thigh from the increased pain in the part. The limb was at this period straight or but slightly flexed, and the knee-joint could be freely handled and pressed upon in all directions without occasioning the least pain. This occurred in paroxysms of great severity, never entirely ceased, and was not accompanied by any signs of external inflammation by pyrexia, frequency of pulse, or foulness of tongue. Bowels were not quite free, the appetite was unimpaired. The child had seemed for a few days previously to be wanting in her usual spirits. No injury could be traced ; the mother, the sisters, the child herself, the nurse, knew of none. She had been in the garden a day or two before for a few minutes but did not kneel on the earth or turf, and it was inferred she might have suffered from cold and moisture, the general health being disordered.

The father and paternal grandmother had been much afflicted with rheumatism—the former suffered from trivial circumstances in diet. The mother had occasionally neuralgia of the face, and in conjunction with all her children coldness of the extremities from defective circulation, to all appearance perfectly healthy she had not inherited struma or any other cachexy.

The child herself seldom ailed and was considered the most active and healthy of the family of six children, all of whom were healthy. None of them have had any of the diseases incident to childhood. Strict attention was paid by the parents to hygienic rules and every bodily comfort was provided.

I looked upon the pain as probably of a rheumatic nature and prescribed upon this presumption.

An alkali with colchicum and hyosciamus, anodyne fomentations, and purgatives. On the following day the symptoms continued, little relief was obtained ; no signs of external inflammation were present. The night had been passed without sleep, several paroxysms having occurred.

On the 10th, the third day of the attack, some swelling and heat of the whole limb were evident and increased from day to

day till the 13th when the tenderness, &c., extended from the middle of the thigh to the toes. The knee-joint was swollen and contained fluid, was excessively tender and sensitive to the touch; the *most sensitive* part was over the head of the tibia anteriorly, the leg was retracted on the thigh, the latter on the pelvis. The constitution sympathized in a corresponding degree, the skin was hot, generally moist, occasionally dry, tongue coated, evacuations dark and offensive, urine scanty, high coloured, depositing the lithates, sp. gr. determined on the 12th* 1030, reaction moderately acid, pulse 144 and upwards, no sleep at night unless procured by morphia, great pain and excitement caused by any sudden movement in the room, and dread to have the limb examined or touched.

Four leeches were ordered to be applied to the joint, and the bleeding to be encouraged in the usual manner. Calomel and opium had been given, morphia at night in addition to the means first used. Relief was obtained both locally and generally. Bowels began to be purged on the 17th, the gums and tongue were sore.

The case progressed and fluctuation was evident over the front of the tibia immediately below the joint on the morning of the 19th. It was uncertain at this time whether the abscess was connected with the joint; the articular swelling had preceded and fluctuation was distinct in the joint some days before, and appeared of a different character to that over the head of the tibia.

Mr. Solly was called in consultation and opened the abscess at the most depending part, which was about three inches below the apex of the patella, on the afternoon of the 19th, eleven days after the first complaint of pain. A large quantity of pus was evacuated, by which the articular swelling was diminished and much relief afforded. Mr. Solly continued to visit the patient from time to time till the end of May, when the last mechanical appliance was suggested. For the next eight days after opening the abscess the progress was favourable. Synovia was distinctly observed to flow from the wound on the 21st on removing the poultice.

The joint and head of the tibia remained extremely tender; the leg, which had been retracted to a very acute angle with the thigh, was capable after a few days of being extended to about half a right angle without causing pain, and voluntarily. Improvement continued, and it was possible on the 28th to place the limb in a Liston's splint in a tolerably extended position under the partial use of chloroform. The limb was put in the

* A day or two after the leeching the urine appeared natural sp. gr. 1020. Voided in usual quantity, was free from turbidity or deposit.

swing-cradle, which gave much comfort after a few days' use. It was disused partly in the day time, never at night until finally relinquished. During the first half of April, the progress was satisfactory. Not so the last fortnight—the joint was more swollen, hot, and sensitive to the touch. Fluctuation was evident on the outside and also on the external aspect of the tibia. Pus was supposed to have re-formed in the joint. Irritative fever with occasional flushes, hysterical symptoms supervened. Great fears were entertained of the integrity of the joint and lest severe operative measures should be required.

On the 28th, Mr. Solly applied the potassa fusa to the outside of the joint as a counter-irritant. As soon as suppuration was fairly established, a decided change for the better took place and continued unchecked throughout May, on the 30th of which month the circumference of the joint measured round the centre of the patella exceeded its fellow by an inch only. The joint bore pressure on every part without pain (except, of course, the sore caused by the issue), the patella was free, effusion into the joint had been absorbed; what remained was interstitial; the tendons were distinct.

The wound made for the evacuation of the abscess continued to discharge a very small quantity of pus and synovia, presented large, pale, flabby granulations, believed to be the evidence of diseased bone beneath, which proved correct. Outside this sore the tibia for two or three inches remained very tender to the touch. There was indistinct fluctuation along the bone about the same extent.

A leather splint was applied on the 6th of June, the limb being as near as possible straight, with openings in it corresponding to the issue and ulcer on the shin.

The little patient went to Brighton with her family on the 21st, staying there a month. She returned much improved in strength and could bend the knee without pain considerably more than when she left. I saw her on her return in the last week of July, when the ulcer appeared much larger, granulations of a brighter red colour, and the shin below the sore considerably swollen. Undue motion had been allowed, she shuffled about with the splint on in-doors and by the sea-shore; never used crutches or a sling to support the limb, which I advised in the event of sufficient improvement taking place as to encourage her to walk.

A spicula of dead bone presented in the ulcer in August, was removed by the nurse, with the dressings. On the 8th of Sept., I took away a superficial exfoliation when loose by the forceps. Again, on the 23rd of same month, a piece about half the size, since which time to the present (Nov. 4th), none has appeared. The sore has healed, motion is perfect, very slight lameness

remains. The circumference of the joint is a quarter of an inch greater than that of the opposite limb. When this was written (Nov. 4th), the healing of the ulcer appeared perfect but soft; there was no secreting surface and no incrustation. The cicatrix extends an inch and a half downwards, commencing three inches below the apex of the patella. The leather splint had been laid aside in August, the joint having recovered. Cod-liver oil had been taken for three months, the various preparations of iron, the latter with quinine, wine, and every support. Iodine decolorized by the liq. potassæ was applied on the 14th of April, and a few times subsequently without producing irritation. A stronger solution, to which the potass was not added caused intense pain, which soon subsided on being well anointed. It was not repeated. The joint, after this application, caused much anxiety for a time until the good effects of the issue became manifest. I do not say the iodine was the cause, though an unfavourable change occurred subsequent to its use. The strength of the solution was gr. x. ad ʒj. On the 17th November I visited and removed a small spicula from the lower part of a very small ulcer; a similar sore existed at the upper part; the intervening portion appeared sound.

January 24th, 1863.—Cicatrix sound in the centre, depression filling up; scarcely any discharge for several weeks; a very small incrustation at the upper part; a somewhat larger one at the lower angle.

March 20th.—Enlargement of the bone about the middle has supervened to the extent of two or three inches. This enlargement became inflamed a few weeks past, but soon subsided under the iodide of potassium. There is now no oozing from the cicatrix, *and but two small* crusts above and below.

What is the proper interpretation to be given to the facts now recorded? What was the constitutional cause preceding and coexisting with the local manifestation of disease? Should the limb have been placed in the extended position in the first instance? Was depletion commenced sufficiently early, and carried sufficiently far? Were there any other measures than those employed indicated likely to have checked the progress to abscess and necrosis?

These are questions I would take leave to bring before the Society, and to state such views as appear to me correct on mature consideration.

At the onset, the case was a perplexing one, no decided opinion was given by me, though I suggested it might be either neuralgia or rheumatism, and stated that its progress must be watched, in order to form a correct diagnosis.

On the second day I concluded it was muscular rheumatism, from facts recorded in the previous history—muscular or fascial

or both of the gastrocnemius, chiefly in the situation where the fibrous structure most prevails.* The disease once present, extended by continuity of structure to the whole fibrous investment of the limb below the part first attacked, and upwards, involving in the first instance the aponeurosis external to the capsule of the knee-joint, afterwards the capsule itself, either by extension from the bursæ posterior and internal to the joint or from the fascia, external to the synovial membrane, probably from both. At the same time the periosteum covering the front of the tibia, was attacked, resulting in the consequences already detailed.†

Three varieties of rheumatism were present—viz., the muscular, periostal, and capsular concentrated in one limb, it might be said four, including the common fibrous, the effusion from which tissue obscured the lateral bulging of the joint's capsule, as in cases of uncomplicated synovitis.

I am aware that exception has been taken to these distinctions of rheumatism by an eminent physician (Dr. Copland), but as it appears to me on inadequate grounds.

They in no way controvert its being a general disease, there is a marked difference in the progress and results upon which these distinctions serve to fix our ideas and indicate suitable remedial measures. They are founded upon the truth of nature and can lead to no practical errors.

That this was a case of rheumatic inflammation is not contradicted by any of the facts recorded in the history. It was not the history of a strumous or syphilitic case. There was no direct application of cold to the part or to the joint, and it is probable from the known effects of this agent a distinct suite of symptoms would have ensued. Injury is likewise excluded. The origin and progress were consistent with the known laws of rheumatism in its seat and even in the part attacked; in its seat, for we may safely infer from the severity of the pain that it was in the fibrous structure, in the fibrous origin of the muscles in the fibrous investment of the part affected, not in the periosteum

* In the remarks which followed the reading of the paper, Mr. Adams and Mr. Maunder, of the London Hospital, seemed to think it was a case of periostitis of the head of the tibia, in the first instance. It may have been so. I am not decided against this view, knowing the difficulty of diagnosis in periostitis so deeply seated. Those gentlemen have doubtless greater opportunities of seeing such cases than I.

† Mr. Critchett observed that, for anything related in the case there was no proof of abscess in the joint at all—and if so the case was unique to terminate as it did. Mr. Solly replied there was no doubt about the existence of pus in the joint, and unless he had been fully persuaded of this from circumstances which he explained, should not have advised the case to be brought forward. There would have been nothing in it otherwise. The form of the joint and synovia amply proved it.

at least, in the first instance ; it accords also with a fact regarding rheumatism that it attacks those muscles or their fascia most in exercise and this muscle, the gastrocnemius, is assuredly one of those which would be most exercised in an active child seven years old, and is within the limits which we have a right to take in our argument without pursuing it into unnecessary refinements.

Moreover, the appearance of the part during the early stage under violent paroxysms accorded with the presence of a blood poison, not with the congestion and reaction of the direct application of cold, not with synovitis occurring in a strumous constitution, for this was secondary, much less with injury, but with a poison generated in the body itself, and that poison the rheumatic, if from a known cause. The predisposition may be inferred, the hereditary nature of this disease is well known.

Further, it is corroborated by the enlargement of the bone, for several inches below the cicatrix, due, no doubt, to rheumatic periostitis. This is the present condition. It is unnecessary with the history before us, to consider the question of its being a referred or sympathetic pain.

These consequences—viz., abscess and necrosis, in certain cases, have been amply attested by numerous observers of the highest eminence, yet opinion has not been uniform, and authors from having their notions of rheumatism formed on too narrow a basis have yielded their minds to the idols of theories instead of correcting their theories by a further observation of Nature. Without this recognition, important facts would be left isolated in place of being ranged under some intelligible law. It has been denied that rheumatism ever terminates in abscess. In the work of Dr. George Budd "On Diseases of the Liver," an incidental observation occurs to this effect. Chomel quoted by Dr. MacLeod, having met with cases of joint disease, with the characters of rheumatism, hesitates to refer them to this cause, from their terminating in abscess.

Dr. Elliotson, while granting a rheumatic origin to such cases, supposes that common inflammation supervened, and then ran its course into one of its usual terminations ; this view is entirely hypothetical and contradicted by the well known fact that, rheumatic endocarditis and pericarditis cannot be distinguished from the common inflammation by the consequences which result—viz., serum, plastic lymph, and occasionally pus ; further by the occasional termination in abscess in the muscles. See case occurring after parturition in Cruveilhier's *Pathological Anatomy* referred by him to rheumatism. The fact would appear to be, that it is entirely due to the nature of the structure, physical and vital, which is involved, not to the nature of the materies morbi.

The observations of Sir B. Brodie point to an opposite conclusion. He recognises the constitutional origin of such cases as that now recorded. This eminent surgeon and pathologist states, as a result of his extended experience, that there are few if any local diseases—*i.e.*, purely local, and in his remarks on rheumatic gout that there is, probably, no morbid action in which pus may not be formed. Mr. Stanley is even more explicit and believes that rheumatism may be the cause of abscess and the death of bone. Similarly, Dr. Little recognises this termination in his work on “Anchylosis.”

Dr. M'Leod is also an able advocate for the same view, adduces several cases in support, combats the opinion of Chomel and exposes the narrow basis on which are founded such notions of the disease. Dr. Fuller concurs to refer certain cases of disease of the joints terminating in abscess, in disorganisation of the joints to this cause. Dr. Watson has very fairly and fully stated the case in a few words which I will take the liberty to quote. He says:—

“This inflammation when confined to the fibrous tissue is not common inflammation. At any rate it does not reckon amongst its events (as common inflammation does) either the effusion of plastic lymph or suppuration or gangrene. If suppuration sometimes occur (and it certainly occurs very rarely) it is because the rheumatismal inflammation has extended to contiguous textures and then and there has run the ordinary course of inflammation. The areolar tissue around a joint may thus inflame and suppurate. The inflammation of the synovial membrane may be of sufficient intensity to give rise to the formation of pus. When, however, the inflammation extends to the serous tissues *within and around* the heart, the products of the inflammation are just the same as when inflammation of the same textures of the common kind is anyhow produced.”
—*Lectures.*

“That suppurative disorganisation of the joint,” Dr. Copland observes, is “sometimes met with during and consequent upon acute or subacute rheumatism cannot be denied,” &c., &c.

He goes on to speculate as to the circumstances in which it is most likely to occur or is most frequently produced, and states that “suppuration does not ensue unless in cachectic or scrofulous habits of body, and even in those not until erosion or ulceration of the cartilages of the joints.” Our case, I think, would not support these opinions, and that she was neither cachectic or scrofulous, neither was there erosion or ulceration of the cartilages. Our last witness will be one of the most eminent students of Nature, one of the most accurate observers. Mr. Paget in his lectures, when contrasting the effects of inflammation on different structures and its varieties, after the manner of Dr. Budd, sacrifices the perfection of an antithesis to the truth of Nature, and acknowledges the consequences for which we contend. The fact then is, that the opposers of this view

have but half followed the rule of Bacon, *neque fingendum aut excogitandum sed inveniendum quid natura faciat aut ferat*.

Our continental brethren might well be spared the reproach of Dr. McLeod in being ignorant of what was done on this subject in England, when a Professor of Medicine, and Physician of King's College Hospital, London, seems unacquainted with what is written in his own language by his immediate neighbours.

I conclude that our case was one of rheumatic inflammation, failing any other constitutional cause, failing injury or direct exposure, that rheumatism was an adequate cause, a cause adequate to all the effects—to the formation of abscess, to the death of bone. Are we able, then, to trace all the links in that chain of sequences, some of which have been described. I fear not with certainty. The condition preceding the manifestation of disease must be a subject of inference, derived from our knowledge of the case, our knowledge of healthy and morbid action, especially of the agencies known to influence this disease. Of external exciting causes, one of the best ascertained is the state of the atmosphere as regards heat and moisture, but it is probable there are other conditions external to us which influence the production of this disease; that the maintenance of the function of the skin is of very great importance, has been acknowledged and proved in numerous instances without our knowing with much accuracy what it eliminates; yet there can be no doubt that a defective excretion from other organs may, by disturbing the nutritive and disassimilating functions carried on in the tissues through impure circulating fluids, be the *primum mobile* in the chain of sequences. Thus, for instance, Dr. Todd has remarked its connection with derangement of the catamenia, and Dr. Copland believes this is a fertile source in many females, though his reasoning on the subject is not the same, if indeed, Dr. Todd may be said to give a reason. He merely proposes the question, whether the uterine secretions may not generate the *materies morbi* of rheumatism.

It has occurred to me to witness its apparent dependence on deranged lochial secretion in several instances. If this be correct observation, under circumstances where the skin is not liable to have its function checked from exposure, and if, as is true, rheumatism cannot be traced to exposure, to cold, or checked perspiration, in many instances it would hence follow that defective elimination by any of the great depurative organs, uncompensated by those remaining sound, would so affect the harmony of health coetaneously or consecutively, the brain and nervous system, and all the organs which this system actuates as to be in a state bordering on disease. Then come in further exciting causes, and the relations amongst the functions themselves, which determine the nature of the disease.

It is unnecessary to pursue the subject further, as it belongs to general pathology, and it does not seem required that we should form a special pathology for this and similar cases.

The function of the liver, and of the intestinal canal, was defective and disordered at the earliest stage : how far that contributed to the results must be a matter of conjecture, and whether that condition was primary or secondary must be so likewise.

2ndly. Should the limb have been placed in the extended position in the first instance ? Was anything gained by permitting the position of ease to the limb ? The extended position must have been employed before the third day if it was right to be done, as then acute pain was caused by any attempt to straighten it, and it would not have been proper, at that period of the case, to add fresh excitement to a part already sensitive and inflamed, and when there was some prospect it would terminate in resolution. Altogether, though believing some relief was given by permitting the retraction of the limb,* I would, with such a combination of symptoms, or somewhat analogous, prevent it by suitable mechanical means at first, lest it should be found a more difficult operation, and be followed by more constitutional suffering than was witnessed in the present case. Fortunately, now, pain is to a great degree excluded in our calculations.

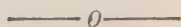
3rdly. With regard to more active depletory measures. I feel, while proposing the question, it is one which must be decided by the judgment of the practitioner, taking into consideration all the circumstances of the case, and that hardly any rule can be laid down that would apply to any great number of cases. By one it may be said sufficient depletion was not resorted to, another may say that a moderate depletion in such a case as this was adequate to effect all the good of which that measure was capable, that the strength was husbanded in anticipation of a prolonged case, that the drain from the system which ensued, was deprived of some of the havoc it might have caused by this saving, that pyæmia was prevented, and the powers of nature maintained for repair.

I leave this, Gentlemen, for your consideration, and for you to say what other means than those used, if any, were indicated. Of the great benefit derived from the issue there cannot be the slightest doubt, though Mr. Erichsen has asserted, "it is only

* Mr. Hutchinson thought that to prevent retraction of the limb was the proper practice to pursue, and had adopted the plan. Mr. Adams favoured the opposite method of allowing the limb to assume the position it would naturally do, to obtain ease, and that more was gained in this way than by interference in the early stage.

torturing the patient unnecessarily to have recourse to these agents when once pus has formed in the articulation."

This, Mr. President and Gentlemen, is our case, which, you will probably agree with me in considering one of some interest and some importance; interesting to the pathologist as an illustration of a rare example of disease, and an addition to a number of scattered facts, which demand a place under some intelligible law; important to the surgeon, as forewarning him of dangers, and arming him with remedies; to the patient of lasting importance, as saving her from the prospect of premature decrepitude to a life of activity and vigour; important in a high degree to the parents and friends, in relieving them of anxieties as painful as bodily ills. These benefits are due under Providence to the resources of our art, with which we have reason to be satisfied, and to rejoice that in its exercise, whilst promoting the happiness of our fellow creatures, we work out and secure our own.



Malaria, the Common Cause of Cholera, Intermittent Fever and its Allies. By A. T. MACGOWAN, L.R.C.P. Lond., M.R.C.S. Eng., formerly Field Assistant-Surgeon at Cawnpore, and late of the 52nd Foot.

IN the interesting lectures on cholera recently delivered by Dr. Maclean, Professor of Medicine in the Army Medical School, which have had a wide circulation through the medium of the various medical journals, so much was said that anything more on the subject may seem superfluous. Yet there is a thread in the intricate labyrinth of this disease which, although old and long recognised by Indian observers, is still worthy of some further thought in these latter days of scientific progress. It may prove a link on which to found a theory and find a cure, or it may be worthless and ineffectual. As Dr. Maclean justly remarked, there is no knowing how soon an Army Medical Officer may be called upon to battle with cholera. It is therefore right that he should study the disease from every point of view, and that no theory and no treatment should be despised until they have been duly and thoughtfully considered. At any rate, let not the Army Medical Officer go forth unprepared and ill read on this serious subject, for the trying hour will come upon him unawares, and like the foolish virgin he will cry for light when it is too late. Text-books will offer no assistance in his hour of need, for there will be no principles in store to guide him.

Happily for this country the visits of real cholera are few and

far between; yet the intermissions between its visits are not ill-spent in testing all means proposed to help Nature to resist its noxious influences. But India is the home of undying cholera and fever, the twin sisters, offspring of a malarious mother, who divide the land between them.

As my lot was cast in Bengal from 1857 to 1862, I have had the opportunity of studying malarious disease, and, in common with many more members of the Army Medical Department, I have been much struck with the similarity between the collapsed state in cholera and the collapsed or early stage of intermittent fever.

During the mutiny, cholera checked the progress of Havelock's little band on Lucknow, and made them turn back on Cawnpore. Cholera stepped in at Delhi, and decimated the few regiments that were struggling against the host within the walls. And during peace in all cantonments of the plains, cholera makes its appearance yearly, cutting off a few. But there are times when it is not contented with a few. Then the cholera wave bursts over the malarious hotbed of India, and sweeps the people, black and white, before it. Doctors and their remedies are then as unable to stem its violence, as human power is unable to stop the flowing tide.

One of the most peculiar features of cholera is this: With one patient the means adopted may seem to have done good, and with the next one the same thing may do no good at all. In one year cramp, in another vomiting, in another purging, in another fierce collapse alone is the prominent symptom. Death however shews no fickleness in any case, and not till the decline of the epidemic can remedial "cures" be trumpeted. Indian practitioners have tried every remedy that is known in medicine and they have failed to find a cure.

Reputed "cures" for cholera have not been wanting and each in turn has had an ephemeral notoriety which experience has extinguished, and on the homœopathic principle of "like curing like," even purgatives have had their day. In Moore's "Manual of the Diseases of India," which as breathing "restorative" medicine is in my opinion more valuable than other more pretentious but depletive volumes, but we find a clear summary of cholera and a list of authors* who have written on the affinity between cholera and ague. McCulloch in 1827 wrote "cholera belongs predominantly, if not exclusively to the same climates, the same soils, or generally to all those countries in which other diseases of malaria abound." Dr. Steifensand says, in 1848, "The Delta of the Ganges, this prolific and

* Rose, Cormack, Murray, Royle, Bird, Armstrong, Bell, Stewart, Smart, Scrive and Billing.

infamous malaria land is also the cradle of Oriental cholera. Whether the disease has first appeared in our times, or whether it had been present in earlier centuries, is a question, which it is difficult to decide upon. We know, however, that in August of the year 1817, it was observed by Dr. Tytler at Jessore for the first time, in the person of a Hindoo, and acknowledged as a new species of disorder. On the following day many similar seizures took place in the neighbourhood of the first patient, which ended immediately in death, in the same way that the first case had done. The disease at once extended itself with striding rapidity not only through the whole town, but to the districts far and near, along the various branches of the river and so early as September reached the capital, Calcutta.*

Dr. Steifensand points out the way in which cholera travels to Europe, and how it runs along the courses seething with malaria, seeking first a footing in the valleys and along the course of rivers, from which head quarters it sends out its poisonous emissaries to the highly lying lands around.

The practical conclusions that he draws from his theory is simply this, that in cholera times people should take daily a few grains of quinine as a prophylactic, more especially those who have suffered from intermittent fever or who have been in a malarious district.

Intermittent fever in our inland metropolitan hospitals is a simple and a rare complaint. Students hear of it at lectures on medicine, but unless they see the practice among the sailors of the 'Dreadnought' hospital or at some hospital near the docks, or in one or other of our many sea-port towns they can form no idea of its serious nature. The intermittent fever of the Walcheren expedition, or that so lucidly set forth by Dr. Shapter in the "Library of Medicine," remains a literary curiosity and nothing more. But as we travel eastwards we find it in its strength. The medical officers serving with their regiments in the East know it well enough, and their brethren of the Indian service are especially familiar with it, for malaria still has its stronghold in India, as in the time of our forefathers in medicine. Dr. Norman Chevers, of the University at Calcutta, considers cholera and the complaint popularly known in medical writings as "sun stroke" to be identical in its first cause. As I believe sun stroke to be one effect of malaria, I consider he is right in his opinion. In 1858, when the troops under Sir Colin Campbell were being concentrated on Lucknow, prior and subsequent to its fall, sun stroke was the prevailing disease among the troops. The late Drs. Diaper and Fryer of the

* Die Asiatische Cholera auf der Grundlage des Malaria-Siechthums dargestellt von Dr. C. A. Steifensand, Crefeld, 1848.

H.E.I.C., service and myself had daily opportunity of seeing this deadly complaint. It took place in men exposed to the sun and air and also in those in the hospital surrounded by every care and cooling appliance. In all cases serous effusion under the arachnoid was present with congestion of the lungs. In my opinion these cases are simply the effects of *malaria*, causing through its poisonous influence on the nervous system stagnation of the circulation and effusion of serum on the brain. Sun stroke is not common in those whose spleen enlarges, for the latter organ acts as a safety valve for the circulation. Natives seldom die of sun stroke, but every third native you see has a spleen bulging out his abdominal walls. I never saw a native who had not suffered from malarious fever at one time or another. It is such an every day occurrence that they just cover themselves over with a cloth and lie in the verandah of your house until the shake is over, and if you go through the barrack rooms of your English soldiers there is sure to be some one shaking in his cot with his dinner getting cold beside him.

In the Indian papers it is not uncommon to see little paragraphs, concerning the "accidental death" of an occasional native, caused by a moderate blow that an ordinary Englishman would laugh at. In the weaker constitution of the native, nourished by flour, peas, rice, butter, and milk (as it is only the lower castes that eat occasionally of animal food,) an ordinary blow, therefore, will cause rupture of the friable spleen or of an abscess in this organ. My idea concerning cholera, sun stroke, intermittent, remittent and typhoid fevers as seen in India is simply this: *malaria* causes all. We know the parable in the Scriptures. The sower went out to sow and some seed fell on good ground, other on stony ground and so forth. Malaria is sown in one of good constitution and intermittent fever of marked type and daily occurrence takes place. Let the same be sown in a weakly man who has suffered from previous attacks, and remittent fever will result, relapsing surely into typhoid if the doctor uses depletive measures.

In another, congestion of the lungs and effusion on the brain is caused, or sun stroke. In another, congestion of the bowels and effusion, or cholera. But it has all the same beginning, that beginning being the inhalation of malaria, which acts immediately on the nervous system, whose sudden derangement paralyses for a time the *circulation* of the blood.

The spleen bears congestion better than any other organ and the longer the "shake" the *larger at the instant* grows the spleen.

The lungs cannot stand it and congestion with them soon leads to suffocation. The hot, thick, stagnant air on the Indian plains has too little oxygen in it to permit of the temporary slowness of the process of inspiration. The heart flutters

wildly to carry on the circulation and the pulse at the wrist in its tremulous and feeble rapidity indicates the danger. The skin is red hot to the touch, consciousness is gone, and such a condition is present which defies all human power to succour.

Out of about fifty cases of "sun stroke" such as this, I have only seen one recover. Champagne had been given in this latter instance, but as restoratives had been used in all cases, it is but a poor triumph to relate. So weakly, pale and miserable was the condition of the soldier when convalescent from this complaint, that he would have done justice to an heroic treatment that had bled by the pint and purged by the gallon. The feeble flame of life had flickered to its lowest ebb, and a little bleeding and some calomel would have so weighted the fleeting power of life as to close its race in sudden death.

After the cholera of 1861, a cholera commission was instituted by the government of India, and a number of gentlemen, East India civil servants and doctors in high places in the Army Medical Department and the Indian service respectively, made a tour of Bengal and visited the localities where the plague had raged. A number of statistics were drawn up and a goodly volume crowned its labours. Deficient "sanitation" and wells impregnated with surface drainage were among the causes to be remedied. But who can remedy the climate reeking with malaria? When the baked and arid ground, cracked and scorched with the fierce rays of a tropical sun, is rained upon with a stormy deluge for weeks together, and the sun still shines with equal heat, who can hinder the moist vapours of malaria from ascending to the nostrils? In the night as the sentry stops on guard, the croaking of the frogs revelling in the moisture and the sudden growths, breaks the stillness. The damp night air after the fervid day is scarcely healthful. Yet no one looks more to the comfort and well being of his men than the British officer, he will see to his company getting their morning coffee and their quinine as a prophylactic. He will lighten the guards and sentry duties both by day and night. He will see to the drainage, he will look to the quality of the water, and he will carry out as far as possible all suggestions given by the doctor for the health of the men; but he cannot take his men to the Hills without superior orders. And as long as our Government chooses to garrison the plains of India with English troops *during the unhealthy season*, so long will mortality shock our "sanitarians" and philanthropists at home. This mortality surprises no one who knows anything about the matter. It is useless for staticians to run with practised eye down the row of figures and single out the deaths from diseases which they consider that good "sanitation" would prevent. It is childish to say, if it were not for cholera,

dysentery, and sun stroke, our troops would live as long as in England, when we can no more prevent these diseases than we can prevent the sun from running his daily course.

In a small book "On Tea-planting in the Outer Himalaya," which I published in 1860, I tried to shew the healthy nature of the hills of India, and although more success attended it than might have been expected from the indifference usual on all Indian matters, it has not led anybody in authority to advocate the location of our troops in the Indian hills, to be brought down during the cold season to their barracks in the plains. But I am persuaded until some such system is instituted we may groan yearly over our Medical Department Blue-book and tear our hair for a remedy *in vain*.

One of the peculiarities of the Cholera epidemic of 1861, was the manner in which it was accompanied by fever, and with a strange fickleness; a severe type of fever seemed to alternate at the different stations with a deadly cholera. On looking at Appendix No. XXIV of the Army Medical Department's Statistical Report for 1861 it is apparent that upwards of two-thirds (about 25,000 men) of the entire British Force of 37,483 men in Bengal during 1861 were in hospital during the year with intermittent and its allied fevers (remittent, continued, and typhoid) exclusive of admission from other complaints. One thousand four hundred and twenty-three were seized with cholera, and eight hundred and eighty died. Statistics of former years shew similar results. Madras and Bombay had also their quatum of cholera and of fevers, the latter in large proportion to the former.

The rains in 1861 were exceptionably heavy, and miasma was consequently rife. In the above numbers the women and children of our troops are not included, neither is any mention made of the natives of the country who were swept off the face of the earth by cholera and shattered by fever. These statistics give, therefore, but a poor idea of the actual condition of the country. It is apparent, that from all causes, Bengal lost 47 per 1,000 of English soldiers during 1861, and that every soldier in the country was twice in hospital during the year; but, excepting cholera, fevers, dysentery, hepatitis, diarrhœa, splenitis, and the like, to use the words of table-makers, they were equally if not more healthy than their brethren at home.

As some of the stations in Bengal and the Punjaub are healthy (Hazareebaugh, Saugor, Shahjehanpore, Seelkote, Murree, Dugshai, Subathoo, &c.), their small averages of sickness and mortality in a *total* average reduce greatly the conspicuous unhealthiness of the pestilential places. Thus, statistics, with all their boasted efficacy, often do more harm than good. It must, also, be remembered that the sickness and mortality at Hill stations under the present system, as given in tables, are

also calculated to mislead. Depôts for invalids from the plains are formed at Hill stations, and men die in healthy spots of diseases contracted in malarious districts. Cholera also occasionally, happily, however, rarely attacks Hill stations, in the same way that in England we are not exempt from its visits.

Cholera began in Calcutta and Dum Dum in the early months of 1861, and it gradually went up country picking out a station here and there. Cawnpore, Morar, Gwalior, Delhi, Agra, and Meean Meer were visited. Like intermittent fever, cholera was present during the hot season, but its violence was expended during and after the rains (from June to September). From the 27th Foot at Morar the cholera spread to Gwalior Fort, where three companies of the 52nd Regiment in medical charge of Dr. H. A. Gogarty, of the Regiment were quartered. The native village of Luskar at the foot of the Fort was first attacked, and then the European residents above. In Dr. Gogarty's report on the epidemic he states: "The disease as shown by the small number who recovered was of a very bad type; *there was not the severe purging, vomiting, or cramp*, usual in cholera, but there was great collapse and thirst, with a cold surface and a clammy skin. *The disease resembled the cold stage of ague* except in the following points: *No rigor occurred*, and with a *cold clammy skin* the patients *tossed off the bed clothes* and complained of *heat*. The duration of the longest fatal case was twenty-eight hours, and the shortest fatal case was three and a half hours." The Fort of Gwalior is on a hill, but the cantonment of Morar close to is on the level ground. Here the 27th Regiment lost a great number of men, women, and children, and compared with their great losses the number lost out of a small detachment was trifling. One of the patients who recovered at the Fort was cramped and purged, and vomited freely. In another who recovered these symptoms were not present.

Diffusible stimulants and emetics internally, with heat and sinapisms externally, were used by Dr. Gogarty. Quinine was also given, but with no good effect. Dr. Peacocke, of the 27th, also tried quinine in the epidemic that carried off so many at Morar, but it had no effect.

The cholera did not appear at Jhansi in 1861, where our head quarters, under Dr. Haverty, were stationed; but it reserved its force for 1862. Fevers, however, were prevalent; still, they did not prevail there to the extent that they had done the year before, when the 89th, out of a strength of 1,005 soldiers, had 1,659 admissions *with intermittent fever alone*. Cholera was also present at Morar in 1860, and the 71st Foot suffered severely from cholera at the same time that intermittent fever was also present. While at Jhansi, in 1861, every soldier of the 52nd was on an average nearly three times in hospital, and the soldiers at

Lullutpore, not far off, were almost six times each. These large averages were due to the great prevalence of intermittent fever during and after the rains.

Of various malarious regions in Bengal, the rice valley of Peshawur is notorious as a fever bed, but it is not much worse than the central Indian Gwalior district. In one month, out of a detachment of English soldiers numbering 193, in the prime and vigour of life, I had 185 admissions with intermittent fever only. In the native town close to, intermittent fever was as usual prevalent. In a few words I will sum up the various symptoms which were so curious and extraordinary in many cases as to confirm my opinion concerning the identity of cholera and malarious fever, modified only by the amount of poison inhaled, and by the constitution of a patient. In simple cases the cold stage would last for two hours at least, being accompanied by strong rigors; then would come the hot, and then the sweating stage. This would happen daily, until remedies had had some restorative effect, or until the weakened constitution added complications, masking the strong outline of the original disease. In many, this early stage (usually distinguished by strong rigors) was a condition of *deadly collapse without any rigor whatever*. Vomiting and purging accompanied the disorder in almost every case, whether rigor or otherwise, but if there was a difference those with severe rigors vomited and were purged the most. Then muscular cramps were present in many cases, and a severe pain in the abdomen in the region of the spleen, was usual. Some vomited blood, others passed it by stool. A few became jaundiced during the paroxysm, and in all, whether rigors existed or not, the spleen swelled *immediately* to an immense size during the cold stage, being plainly perceptible to the touch, and sometimes to the sight, below the left ribs. This swelling would disappear during the stages of reaction and during the intermission, and would neither be seen nor felt. Some of the cases were not unlike yellow fever. I made a *post mortem* on a bugler who died from dysentery, not very many weeks after he had suffered from marked ague, and a small raised surface of blue varicose veins on the tissue of the spleen proper, was all that told of the paroxysms of ague. This shows the readiness with which the spleen repairs itself, but that it exercises a most serious influence on the health if permanently injured by deposits owing to constant and violent paroxysms was sufficiently exemplified by the pallid faces of all, by the dropsy in many, and the other symptoms of impairment of the constitution that followed in all cases. In some in whom the rigors had been absent the permanent ague cake was the most conspicuous. I husbanded the strength of the men by every possible means. Of course I gave quinine, but quinine during

a paroxysm is simply useless, as useless as in cholera in the same condition. It is vomited up again, and at any rate it is not absorbed, for absorption is nearly lost and the *function of the kidneys* is stopped. When a man passes urine, either in cholera or in intermittent fever, it is pretty certain that the worst is past.

In the outset of the epidemic I gave a solitary emetic of powdered ipecacuanha root and any quantity of luke-warm water. I assisted Nature in her natural efforts at vomiting, and my reading told me that old Army authors approved the plan. It appeared to do no harm at first. Then a solitary purgative of jalap cleared the way for the inestimable quinine during the intermissions. All went well for a time, and I plumed myself on my emetic treatment, and talked about it at our little mess as a success. But the type of disease changed, or more probably the organs and constitutions of the soldiers became impaired, and weakened, for I gave an emetic in an ordinary case in the usual manner, but with the unusual effect of cutting off the life with the paroxysm. The spleen weighed either four or five pounds, but at one spot the blood had oozed out of the strained vessels, and, unlike the other spleens of the survivors, no contraction took place, but the patient died insensible. Effervescing draughts with stimulants were substituted with benefit. Port wine negus and Dover's powder, in addition to quinine, I found a valuable assistance, as it renovated the system against the next trying paroxysmal ordeal. Each day when the sun was up, the hospital and the barrack converted into one, reminded me of the cabin of a sea-going steamer in channel. The vomiting was incessant and exhaustive to the last degree. But in the cool of the evening there was stillness and comparative ease. This was the seed time for my remedies, and, accompanied by an attendant with a lanthorn and a kettle of port wine negus spiced and boiling, we gave a fillip to their flagging energies. The Dover's powder gave sleep, and the dose of quinine did its subtle duty against the following day. Beef-tea and arrowroot were not wanting. Lime-juice and soda-water were plentiful also, for the Indian Government is no niggard with its precious English soldiers.

I was unacquainted then with the *hypodermic* use of quinine, but I know now that my patients sufferings would have been almost immediately relieved by the subcutaneous injection of quinine, where quinine by the mouth proved useless.

This epidemic as above related is an attempted picture of malarious fever of which I had seen a good deal prior to my sojourn in Central India, but nowhere had I seen it in sharper outline, and nowhere did it simulate cholera more closely.

Let me recommend in cholera the subcutaneous use of quinine to counteract its poisonous influence on the nervous

system, *proved to be useful* in a similar malarious disease, where its exhibition *by the mouth has failed*.

I have to thank Dr. Haverty, Surgeon of the 52nd. regiment to which I formerly had the honour to belong, for the information he has placed, in common with Dr. Gogarty, at my disposal.

As Dr. Haverty has had varied experience in cholera, both at home and abroad since 1849 and emphatically condemns all treatment that is not restorative, I think it right to warn practitioners against the broken reed of "purgation" as a remedy for an intensely exhausting disease. It has been tried and has been laid aside as worthless. Everybody in the profession who has seen cholera knows that the collapse of that disease is caused by the cholera poison in the blood, which, purgation *will not remove*. Dr. Moore, the best recent Indian author tells us there is a "deficiency of vital power in cholera," and any man with practical knowledge of the disease must say the same. Dr. Parkin, twenty years ago, shewed that the collapse of cholera was caused by a cholera poison in the blood, and was not the simple effect of purging.

Dr. Parkin recommends the drinking of carbonic acid gas in solution in cholera, and as great benefit has resulted from effervescing draughts, soda water and ammonia internally, with plain or mustard frictions externally, his system is desirable, and has the merit of doing no harm. *Ammonia* has been highly successful in many cases in India, and cannot be too highly recommended.

A German physician some years since recommended in the *Times* as a cure for cholera, inoculation by quassia water; he also brought it forward at Calcutta in 1860. Much ridicule was showered upon him in many quarters, but I consider that his idea had in it the *germ* of success. Compared with quinine, quassia is a weak tonic, and compared with the injection under the skin inoculation is a rude method. Still, cramps in cholera have been relieved by scarifications sprinkled with morphia which is simply inoculation. The *Hypodermic* use of quinine in fever is an *established success*, and it remains to be proved whether it is not equally useful in cholera. The inhalation of "laughing gas" has been used in disease by American physicians, and although it has been ridiculed in England, there is no doubt that the proper use of *inhalation* in cholera will *more promptly and more directly counteract the poison in the blood than any other known process in medicine*.

The late Dr. Pareira, whose monument among us is a standard work on *Materia Medica*, made experiments with this extraordinary gas on about 100 persons, and he states that the effect

on the nervous system when inhaled is "most remarkable" causing dancing, fighting, &c., in most cases. Fownes tells us that the effect of the gas is not followed by depression. If we are to do any good in cholera we must forsake the beaten tracks of ordinary routine. Chloroform is a recent innovation but it has converted an operating theatre from a sickening shamble, resounding with the screams of tortured human beings into a peaceful sleeping place.

And the unmarked rows of English graves in our numerous Indian Golgothas should stimulate us to make more *cures* and talk less abstract science.

For it must be remembered that time is *precious* in a cholera case; there is no time for learned disquisition; the remedies must be prompt. *Reaction* is the result to be obtained by any remedy proposed by common sense; the strength must be supported in any and every possible way, and with God's assistance we may hope to rescue the patient from impending death.



A Case of Dermoid Ovarian Tumour, Escaping per Rectum.—Recovery. By E. C. GARLAND, Esq., of Kingston, Yeovil, L.R.C.P., M.R.C.S. Eng., &c., &c.

(Continued from page 145).

THE uterus is firmly adherent to the left side of the pelvis, which causes her to limp a little. This condition would, of course, in the event of her ever becoming pregnant, require great care during the first three or four months, while the uterine tumour remained in the pelvis.

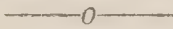
Diagnosis.—On first seeing this patient, I was inclined to consider it a case of sympathetic dysenteric diarrhœa, which occasionally occurs in the early stage of pregnancy. Of course this opinion was negatived upon examination of the excretions, which consisted of pus and fæcal matter, the two being distinct; besides which, Dr. Cowdell, of Dorchester, who saw the case, in consultation with me and my late partner Mr. Thorpe, remarked that "the history moreover was indicative of an attack more acute in character than dysentery usually is in England." The opinion given at first by Dr. Cowdell was that the case was one of pelvis abscess, and that the general symptoms partook somewhat of a pyæmic nature. I certainly was more inclined to believe it to be a case of extra-uterine gestation, especially as the symptoms rather resembled in some respects those of early pregnancy; but I admit that upon the appearance of the hair, &c., in October, I was puzzled, as I could not imagine that

pregnancy had existed a sufficient period for such advanced development. Had it been the case, surely there must have been some external signs, for instance, the foetus could have been felt through the abdominal walls. I am glad to be able to state that I did not stand alone in my opinion, as even Dr. Tyler Smith in May, 1863, thought he could feel cranial bones through the opening in the rectum; of course, this is cleared up now as it is evident that the teeth existing in the tumour must have been mistaken by the touch for bones. I consider it only fair to Dr. Cowdell to mention that in November, 1860, in a note to my partner, in answer to one he had received from him respecting this case he stated, "There is another view to which I feel more inclined than to either of those suggested in your letter, namely, that it is an ovarian cyst taking on inflammatory action and subsequent suppuration." This, as the result showed, was a correct diagnosis. The diversity of opinion is not to be wondered at, and certainly is excusable when even experts are to be found who sometimes err in their diagnosis of obscure cases. I am aware, and take this opportunity of drawing the attention of some members of our profession residing in London to the fact, that country practitioners are often undeservedly ridiculed by them, and remarks are made to patients calculated to bring discredit upon their less fortunate, but not always more ignorant brethren. It is only during this week that I have had such a case reported to me by a medical neighbour. Personally, I have always received the greatest courtesy from my London friends.

Treatment.—The diagnosis could not have effected this, as the indication was clear—viz., to support nature and, *in this case*, to treat symptoms. This was done, as is evident from the result and when I again repeat that for days, weeks, and months, immense quantities of foetid pus were discharged per rectum it does seem wonderful that nature did not succumb. For days the patient lay truly at death's door in a comatose state with threatened pyæmia, in fact there was evidence of secondary deposits. Injections of Condyl's Fluid were constantly used, and to this I attribute to a great extent the warding off of the extreme pyæmia. The joints threatened with secondary deposits were painted with strong solution of iodine. The syr. ferri phosph. co. was given, and Murray's fluid camphor drank *ad libitum*, and with very marked effects, indeed, I believe this drug had a great share in her recovery. I have often thought this preparation is not sufficiently appreciated by the profession, otherwise I am sure it would be more frequently prescribed in cases of extreme exhaustion. Diet of course consisted of all that was nourishing, strong soups, oysters, &c., with stimulants. I have been inclined to report this case, imperfect although it

may be, as I was led to believe it was somewhat if not quite unique, and further I thought it might be instructive to some of my country medical friends whose arduous duties too often prevent them from reading monographs on particular diseases, and were it not for reports of cases in the various medical journals would be deprived of the only opportunity they have of acquiring practical knowledge, and keeping pace with the progress of medical science.

For a full description of these tumours and cases I must refer the reader to Dr. Charles West on the "Diseases of Women;" but even there I fail to find a case identical with the above. I need scarcely add, that should the preparations be of the slightest service to any member of the profession, I shall be happy to forward them.



A SKETCH.—No. II.

THE old clothes man is just in the middle of his rounds and his peculiar cry alternates with the call of the milkman, as our medical student passes along the rows of quiet dwelling-houses on his way to early lecture on anatomy. The student is now towards the middle of a winter session, and his governor having fairly launched him on the sea of London, is now in the rural home toiling after his brief holiday as only a country practitioner does toil.

The First of October with its introductory lecture, seemed amusing and exciting enough to the student. The lecture had been of such rare eloquence that it was printed subsequently, "by desire," and the paternal had been so impressed by the professional enthusiasm and the classical peroration of the speaker, that all his hints had been gravely treasured in his breast, and formed the subject of frequent letters to his son. Exercise had been enjoined, so a lodging, remote from the seat of learning, had been secured. In fact, so many points had been insisted on by the introductory pundit as essentials, that it had become difficult to follow him. And now, what with lectures on anatomy and long hours of dissection, hospital practice, lectures on chemistry, physiology, medicine and surgery, during the day, together with diligent home reading, another introductroy cardinal point, his days are hideous with science, and his nights are disturbed with visions of inexorable examiners.

Whether he has any special mental bent is immaterial, for each and every Professor expects him to become equally proficient in his particular branch. His mind, therefore, stands a

good chance of being warped into either kaleidoscopic mediocrity, or into a more simple excellence in strong proclivities for billiards, beer, and pipes.

He is ruminating as he goes along, with "Ellis' Demonstrations" tucked under his arm for a companion. Now that the first excitement is over and the gloss is off his college life, he feels his joys are not unmixed. He is emerging on a leading thoroughfare, and the shop windows are being slowly dressed for the day by neat handed shopwomen. A tardy shutter or two are being lazily taken down, for the morning is but new, and a thick, yellow, murky fog hangs heavily among the houses. Heavily laden omnibuses pass through the, as yet uncrowded street, bearing their load of clerks to their City business. The student hurries by the sombre looking banking house, and glancing at Dent's clock finds that he is late, and punctuality was another of the introductory virtues that the good man who lectured particularly alluded to. There is, moreover, a stern marker at the door of the lecture-room, and a report of the attendance is transmitted to the parent, who will doubtless use a rigid scrutinizing.

This is a merry street towards evening, but in the dusky morning even the theatres, with their gaudy play bills, look dreary, and no eager, pressing crowd stands patiently waiting for admission. The box-offices are not even open, and all the actors are a-bed. At last, near the church that takes the middle of the way and turns a broad street into a narrow channel, he turns sharp round under a portico of stone. The iron gate is open, and a porter lives in a little shed glazed in. The donation-box of a neighbouring hospital is fixed here and it gapes insatiably for the charity of passers by, but the student heeds it not, for charity begins at home with him. The sons of Croesus do not bore themselves by studying physic, and our successful doctors have, for their sons, other fish to fry outside the gates of Surgeons Hall.

The renewing bustle of the street does not disturb him in the gravelled quadrangle he is now quickly treading. He is through the half opened portal of the college and in the spacious hall with its inevitable clock. The usually dark passage is very gloomy now, in the winter morning, and nothing but the sharp sound of footsteps before him, tells him that others are hurrying in the same direction as himself. He dives down a stone staircase, winding in and out. Now across a little court open to the external air, in at another door and the Anatomical Department of the College is before him. It is not a pleasant place, and the perfume as he passed Rimmels' branch establishment, close to, was much preferable to the soapy odour that now greets him. Hot water is laid on here, and there are

January, 1868

On the Treatment of Affections of the Throat and Lungs by Inhalation. BY W. ABBOTTS SMITH, M.D., M.R.C.P. Lond., Physician to the Metropolitan Free Hospital, &c. Second Edition. Pp. 48, with illustrations. London: 1865.

IN this work, which is based upon a paper by this author which appeared in the second volume of the *MEDICAL MIRROR*, Dr. Smith gives a concise outline of the various modes in which inhalation may be found serviceable in the treatment of diseases of the respiratory organs, and a historical sketch of the subject from the earliest periods of medicine. Inhalation instead of being of modern origin, as many people suppose, has really been known and practised from remote ages. Galen, Ægineta, Haly Abbas, and other ancient authorities, quoted by Dr. Smith, recommended the fumes of various substances to be inhaled by persons suffering from catarrh, cough, and other pectoral affections.

At a more recent date, when the rapid advances made in chemical knowledge led to the discovery of oxygen and other gases, the practice of inhalation received a great impulse, and numerous attempts, were made to introduce this method into practice. An establishment, called the "Medical Pneumatic Institution" was founded towards the end of the last century, at Clifton, near Bristol, by Dr. Beddoes and Humphry Davy, who was then beginning his illustrious career. Capacious reservoirs were constructed for the reception of oxygen, carburetted hydrogen, and other gases, and patients flocked thither in numbers from all parts of the country. Various circumstances, amongst which were the over-sanguine ideas of the founders of the institution, and the costliness of the apparatus employed, eventually led to the abandonment of the project, but not before researches had been conducted, under the superintendence of Humphry Davy, on a sufficiently large scale to show that much benefit might be derived from the inhalation of some gases, especially of oxygen.

But little progress was made in inhalation from this time until a few years since, when Demarquay and Lecomte, of Paris, commenced a very extensive series of experiments with oxygen gas, both upon animals and human beings. The results have since been published, and the abstract of the reports presented by these observers to the Academy of Sciences of Paris (pp. 12 *et seq.* of Dr. Smith's work) proves beyond a doubt that oxygen, when inhaled, exercises considerable curative effects, not only in cases of affections of the lungs, but also in most affections, attended by an anæmic or chlorotic condition, in cases of debility, and in diseases which depress the system, such as, for in-

stance, diphtheria, diabetes, and the secondary and tertiary forms of syphilis.

Dr. Smith also describes the therapeutic action of various gases, and of a number of substances which, when reduced to the form of vapour, are useful adjuncts to other treatment in asthma, bronchitis, catarrh, and other diseases of the air passages.

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The practice of inhalation has hitherto been much neglected by medical men, partly on account of its having been unfortunately used as a means of puffing certain persons, who promise more in advertisements than they can perform. When properly employed, it forms a valuable adjunct to other modes of treatment.

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PHYSICIAN TO THE METROPOLITAN FREE HOSPITAL, ETC.

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a lot of little taps and a leaden bench of basins and a few jack towels that always seem to want replacing. Tiers of little lockers, numbered in black paint, line the place, and there are various doors and passages, all uninviting. The marker is sitting on a high stool, borrowed from the dissecting-room hard by. He is muffled up and gloomy this cold morning, but still he makes a stroke against the student's name, and then goes off to breakfast.

The voice of the lecturer sounds cheery and bright as usual, going through the annual course as the student walks softly up the crooked steps. He is not early, and the theatre is three parts full. The yellow mist is clearing off the skylight and the lamps are beginning to look feeble. There he is, the shrewd, pleasant surgeon, original, active, and energetic, making the dry details of anatomy pleasant with his genial humour and portraying in decisive language, the knotty asses bridges of anatomy. The wall is covered with rough pictures, ghastly enough to look upon, and to one or other, the lecturer often points with a long wand, kept handy. When, however, some little anatomical dogma of the Examiners at the College of Surgeons has to be explained, his ready fingers trace with coloured chalks exquisite little drawings on a black board, with a dexterity worthy of one chosen to paint the lines of anatomical grace and beauty to the Royal Academy.

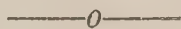
The early comers and the hard working students are below, and the scratching of their pens are heard in the pauses of the lecture. A few are idle, and many are wishing for a morning pipe; but it is an animated class, and when the lecturer has some words of caustic wit or tells a little sparkling anecdote, it is enthusiastic. The class is brimfull of zeal and of anatomy, for the portals of the Royal College of Surgeons have still to be entered, and their examination is no light one. The time-honoured diploma of this grand old body is high in public estimation, and a young student may well be proud to enrol his name in the list with Cheselden, Hunter, Abernethy, Astley Cooper, and the like. Many of the kind, yet shrewd old surgeons have sunk to their rest since the writer entered to the ordeal; so there is nothing fulsome in speaking with affection of Guthrie, Green, and others, pleasant old gentlemen, who would pass you if they could in conscience do so, and who looked not for abstract science simply but for common sense as well, and who cared much for the *cure* of their fellow creatures, and did not think that all was gained when the corpse of a patient showed in its after death appearances the fulfilment of a diagnosis. But the hour is going on; the strong skeleton of the murderer of a poor Italian boy hanging from a little gallows, gazes approvingly with its bony features on the class, and before us half covered

by a sheet lies a thing that not long since had its human cares and pleasures, but which is now cold, inanimate, and helpless, a true picture of the feebleness of man and a mockery on the arrogant vaporings of science. The spirit has returned to God who gave it, and among the neatly shown layers of muscles and the diverging fibres of the nerves, and in the intricate convolutions of the brain no trace remains of the power which rendered the perishing clay a living, thinking being.

It is turned on a revolving table now to the right, now to the left, and the lecturer good naturedly remarks on the skill with which the various points have been dissected out, making the "prosectors," as they are called, glow with a modest triumph at this tribute to their merits.

The chimes of the neighbouring church ring out the hour, and the class is dissolved. But we hope that the old lecture-room may long vibrate with the kindly voice that now each winter fills it, for as the lights of the well remembered scenes of youth burn out, and are replaced by new and awkward teachers, the charm is broken, and the well known theatre remains the old familiar spot no longer.

A. T. M.



THE AMERICAN ARMY.—During 1861 and 1862 the mortality in the army from disease was more than five times as great as that of men of the same age in civil life, being 48·7 men per 1,000 in 1861, and 65·2 per 1,000 in 1862. The total number of deaths from disease alone during the two years was 56,193. The number of men constantly sick was about 10 per cent. of the strength of the army, and the total number of cases treated, including wounds, was 878,918 during 1861, and 1,711,803 during 1862. The most fatal disease was camp fever, of which 19,459 died during the two years. Of diarrhoea and dysentery 11,560 died, and from inflammation of the respiratory organs there were 8,090 deaths. The army was remarkably free from scurvy and from the diseases that result from intemperance and vice. When the hospital system was at its *maximum* there were in the country 202 general hospitals with 136,894 beds. There were over 1,000,000 patients healed at these hospitals, and of the whole number treated but 8 per cent. died.

PREVENTION OF CATTLE-PLAGUE.—The Rinderpest has appeared in Cadzon Forest, among the famous breed of wild cattle belonging to the Duke of Hamilton. The duke, with a view to preserve his valuable herd of Ayrshires, has put them down in his coal-pits, where they are enjoying complete immunity from the plague though it is raging above.

MEDICAL LITERATURE AND OPINION.

THE *British Medical Journal*, which is supposed to be the exponent of the opinions of the British Medical Association, wrote a triumphant article in one issue during March, stating that the recommendations of the late Committee on the Army and Navy Departments had put the two Services on such an excellent footing, that these Services would now no longer be tabooed, but would be objects of ambition to the best students. It also modestly pointed out that the blessings now inaugurated, had resulted from the pressure brought to bear by the Association in the right quarter. While praise was being served out, the College of Physicians came in for a goodly share. It was, however, considered prudent to censure somebody, so the "Head Centre" of the Departments met with no mercy. It stated that justice had been obtained without difficulty, by the serious remonstrances of the various bodies external to the Service, and it implied that the same result might have been obtained by an energetic "Head Centre." A want of courage is hinted at, and altogether, great severity is shown, and much censure is implied. But we would recommend those who dip their pens in gall to know their subject before they attempt to write. It is an easy thing for people unconnected with a department to talk big, and it is not difficult to settle other people's business, but when in every line it is apparent that the writer has no practical knowledge of the subject, his views degenerate into twaddle. Our "Head Centres" have done their best for their respective Departments, but while they are but subordinate officers, bound by the rigid laws of their Services, they cannot mould them according to their wishes. Sir J. B. Gibson and Dr. Bryson have done their best, and they are deservedly popular in their departments, and the waspish remarks of the external world will harm them little.

In another issue the same journal has a second article on this subject. Horror is expressed by the writer that the "very liberal terms" have failed to satisfy the members of the Services. The writer is "surprised and disappointed" at the discontent, after such terms as are embodied in the recommendation of the Committee, and they sum up with a terrible fear: "Comments on the Reports such as are contained in a pamphlet just issued by Dr. Brown will, we fear, prejudice the minds of the Admiralty Lords when they come to consider the Committee's most liberal recommendations. The Lords may say: It is evident that no efforts of ours will satisfy these gentlemen." This Journal can snub "Head Centres" of Departments, but they draw the line at Lords. The writer of this article had better read *Punch* on the want of Surgeons in the Army. *Punch's* views on the late recommendations tally with our last month's article on the subject, and we have great pleasure in reproducing them in our pages:—

"Sad Want of Surgeons in the Army. Dear Reader, The Report of the Committee appointed to enquire into the alleged grievances of Medical Officers in Her Majesty's military and naval Service, has, in so far as it concerns Army Surgeons, just appeared. Its appearance has necessitated the publication of the following announcement:—Wanted for Service in the British Army, a number of highly accomplished young Surgeons, possessing not only first rate professional attainments, but also the advantage of a good general education and Not Proud. They are required to be Fellows of the Royal College of Surgeons, and also to have obtained an English Physician's degree. With the breeding, habits, and manners of gentlemen, they must combine a submissive temper, so as to be able to

stand any extent of Snubbing that may be inflicted on them by Combatant Officers, and, under occasional circumstances, to clean boots. They must be willing to occupy a Side-table at Mess, and ready to jump up and Carry Plates at call. When unavoidably Summoned to take part in any Court Martial or other Board of Inquiry whereat their assistance is absolutely necessary, and when Combatant Officers are Sitting, They must be Content to Stand. None need apply that have any objection to endure any indignity. They must be prepared to accept and wear, without remonstrance, Any Uniform that may be assigned to them, however Grotesque, as the discipline of the Army requires that they should be rendered sufficiently ridiculous to distinguish them from Combatant Officers. It will also be requisite for them to acquiesce in the Regulation which Denies those of them who chance to Die, the usual Military Honours at their interment, even in those cases wherein the deceased Surgeons have died operating under fire. *N. B.*—A slight increase of Pay. For further particulars inquire at the Tatters and Starvation Club, the Horse Guards, and the War Office.”

The *Medical Press and Circular* sensibly draws attention to the condition of the Poor-law Medical Officers when treating of Medical Officers of the Service. It asks when a measure of justice will be meted out to the Poor-law Medical Officers. Let us hope that the attention which the condition of our sick poor is now receiving may do something for our long-suffering and meritorious brethren, who are so often cut off in the midst of their ill-paid labours, by fevers, to which their overtaxed constitutions render them an easy prey. But, while the aristocracy of the profession does so much unpaid service, it is not astonishing that the lower ranks are compelled, for bare subsistence, to accept any position that will rescue them from absolute starvation. “The labourer is worthy of his hire” in every other profession but that of medicine.

In the *Annals of Public Medicine* published in Florence, we learn that the outbreak of Cholera during the past year has taught the Italian doctors wisdom. They have hitherto had an unenviable notoriety as strict adherents to the old-fashioned heroic remedies, which not unfrequently “stamp out” the life along with the disease of the sufferer. It is with extreme pleasure that we record the fact that, as regards cholera, they have come to the conclusion that “the more gently the malady is treated the more happy will be the result.”

The *Pharmaceutical Journal* has, as usual, some excellent practical matter. The annoyance that our chemists have experienced from infringing unwittingly the patent of “Betts’ Metallic Capsule,” has caused Mr. Haselden to direct his attention to some substitute. An article in *Temple Bar* had furnished him with information, and in the paper read before the Pharmaceutical Society, he shows that by capping bottles with either paper, skin, or leather, and then by dipping them into a solution of gelatine, to which a little glycerine is added, and then a colouring substance (as cochineal gamboge, vermilion, white lead, &c.), an excellent substitute can be obtained. Any device must be put upon the paper, skin, or leather prior to the dipping process. Two dippings suffice for skin and paper, but as leather absorbs more, three dippings are required for it.

Dr. Robert Bentley in a communication to the *Pharmaceutical Journal* shows that saffron has been recently adulterated largely with the stamens of crocus. The pickers had not been contented with the small portion of the flower of the plant producing saffron, but they had taken largely of the stamens. Dr. Bentley after many painstaking experiments proves the adul-

teration. The dearness of saffron render his experiments peculiarly valuable to dealers in the article. Dr. Bentley is good enough to say that he will examine suspected specimens.

The *Social Science Review* has an interesting article on the "Dwellings of the People in the Metropolis." The writer advocates the removal of gas-works, cow-houses and noxious manufactories which occupy much valuable space, and a thorough re-construction of many blocks of dwelling houses. Mr. Beggs' views are decidedly good, and in Paris they might be carried out by the Government with ease, but in England with so many conflicting authorities and with so many private interests to deal with, such thorough, though necessary, reforms are scarcely to be hoped for. The "Literature of the Insane" is the title of another article of extreme interest. The writer begins by pointing out the vast change in the mode of treatment of the insane in these days from that practised a century ago. He tells us that in the *London Spy* it is recorded how the lunatics at Bethlehem were visited in the same manner as the lions at the Tower, and were in a way, just as attractive; how those who had the charge of them were accustomed to excite them for the amusement of the public, often keeping them without food to astonish the gazers by their voracity. The charge for this entertainment was at one time 4s. per head, but was gradually reduced to 2d., and subsequently to 1d. The improvement in their treatment was gradual: strait-waiscoats took the place of whirligigs, whips, gags and chains till 1837, when Mr. Gardiner Hill declared that even strait-waiscoats were uncalled for. The late Dr. Conolly triumphantly established at Hanwell the accuracy of Mr. Hill's views. Misery and gloom have given way to cheerfulness and comfort, and the high rate of recoveries show unmistakeably the practical utility of this humane course. The Murray Royal Asylum at Perth under the management of Dr. Lindsay holds a high place in the humane progress of the time, and among other things instituted to divert the mind from melancholy brooding, a journal, *edited and written by the inmates* has been instituted. The idea is not new, for "Adlers German and English Dictionary," a standard text book in the American colleges was written in the Bloomingdale Asylum, by a person of insane mind. Dr. Brown, the principal physician to this Asylum stated this on a trial at New York in 1865.

No pressure is put on the various writers for the journal of the Murray Royal Asylum. Their articles are sent in exactly as the writers of them choose. The journal is quite *voluntary* and if nothing has been dropped into the Editor's Box, no journal is issued. The writer in the *Social Science Review* considers the descriptive pieces the best among the prose compositions of the writers in the Asylum journal. He says there is less coherence in the argumentative compositions, idealism having the advantage over realism. When, however, we think of the Dictionary of the American Asylum and that one of the leading newspapers in New York receives important articles from the Bloomingdale Asylum and that moreover, many standard text books have had their origin among the inmates of the same institution, we cannot endorse the opinion of the writer in the *Social Science Review* that idealism *necessarily* has any advantages over realism among the insane. The journal of the Murray Royal Asylum has existed since 1857. At the Morningside Asylum near Edinburgh they have a journal bearing the title of "The New Moon." The title of the other under notice is "Excelsior." or the "Murray Royal Asylum Literary Gazette." Our space will not permit of any longer notice of this interesting subject, so well handled by the writer in the *Social Science* journal, but figures prove that insanity is not diminishing among us, and as its subtle influence is no respecter of persons, let not any despise the victims of it, let us rather, in the true but hack-

neyed words of Juvenal pray as our highest earthly good for a *mens sana in corpore sano*.

In the last number of the *Quarterly Journal of Mental Science*, Dr. Bastian, of the State Asylum, Broodmoor, published an interesting and instructive paper on the "Specific Gravity of Different Parts of the Human Brain" together with some very painstaking tables, embodying, not only his own researches, but those of other physicians. The tables include the results, both from the sane and the insane. We do not consider that any very definite practical conclusions have been arrived at, but we quite agree with Dr. Bastian in his concluding observations, that, "at all events, the pathology of the brain in very many obscure forms of cerebral disease has hitherto so effectually eluded all ordinary methods of research—inquires into the nature of the changes have been so baffling and confusing—that it behoves us to deviate, somewhat, from the beaten path, and to bestir ourselves, calling to our aid, if need be, either new means, or more effective combinations of old methods, that we may do our utmost to solve this riddle of the Sphinx, and so rid ourselves of an incubus and a cloud now darkening the field of knowledge."

Dr. MacIntosh, Superintendent of the Perth District Asylum, Murthly, writes a most interesting paper in the same journal "On some of the Varieties of Morbid Impulse and Prevented Instinct." Under the head *alimentary* he tells us concerning the many strange substances that these poor creatures indulge in; raw flesh, live kittens and rats, brown paper, tar, coals, mortar, cinders, sealing wax, old tobacco pipes, old poultices and other nauseous and disgusting things. Some of us are fond of tasty relishes for breakfast, and there are many who are fond of mouldy cheese and exceedingly high game, but there are none of us who quite go the length of tobacco pipes well saturated with nicotine. The longings of ladies during pregnancy are well known, and the *Spectator* has some good humoured remarks to make about them—but until we read Dr. McIntosh's quotation from Schenk, we had never heard of any lady taking a fancy to a bite out of the arm of a fleshy baker, and obliging her anxious spouse to offer money for the treat. Some of the perverted examples of the Sexual Instincts are too painful for repetition. There are many other headings under which interesting particulars are recorded, but we must content ourselves with the last paragraph, in which it states that Ministers have sometimes been obliged to leave the pulpit, owing to an irresistible desire to use blasphemous language. This is a symptom of overtaxed brain, which requires sleep and other restorative means, to avert more serious outbreaks.

In the last number of the *Indian Annals of Medical Science*, published at Calcutta, there is an address by Dr. Norman Chevers, of the Calcutta University, which was given at the Annual meeting of the Bengal Branch of the Medical Association in 1865. He shows how distinguished an honour it is to be a real M.D., for he proves that Doctors of Medicine have in all times received a great consideration at Courts and elsewhere.

In presentations at the British Court, Doctors of Medicine take precedence of many other grades, and Dr. N. Chevers urged on the Indian Government that such precedence should exist in India. The Government at Calcutta would, however, not accede to his request, as they rightly informed him that rank in the various Indian Services must go by dates of entry. So Dr. Chevers must remain content with his position in the University, and cannot skip over the heads of his brother officers, as he would appear to be anxious to do. We think that Dr. N. Chevers would shew himself better entitled to precedence were he to leave other people to bring him forwards for an exaltation in rank, and we think the time of the Bengal

British Association would have been better taken up in an essay on Indian Medicine, than in the story of a paper war with the Indian Government.

In the *Madras Quarterly Journal* Dr. Brodrick of the 1st Central Indian Horse (Natives), gives an interesting account of 177 cases of periodic fever treated successfully in 1864 by Fowler's solution of arsenic. None of the cases were very severe, as there was not *much* enlargement of the spleen. He states, however, that the spleen is always increased in size in every paroxysm of every periodic fever. These cases were treated at Indore, 2,000 feet above the level of the sea, in a healthy climate. This record is valuable, as showing the influence that a good climate has on periodic fevers. The men were from all parts of India (Calcutta, Bombay, Agra, Delhi, Punjab, &c.). He does not consider arsenic of greater medicinal use than quinine. It is simply a question of expense. He adds the following practical hint, valuable to juniors in the Service:—"Emetics and purgatives as a routine preliminary to specific treatment of periodic fevers, diseases essentially adynamic in the type must share the retirement in disgrace of blood-letting from the scene of action."

In the *New York Medical Journal* a case is related by Dr. Van Buren, of New York University, in which he had removed a tumour of the left testicle the size of a hen's egg. The tumour contained foetal remains in the shape of a lower jaw and teeth. A few similar cases are on record.

As the *Lancet* looks upon the "Association for the Improvement of the Workhouse Infirmarys" as its "offspring," it has enough to do in preparing congratulatory leading articles on its own merits, to have time to understand that the Medical Services are not satisfied with shuffling terms. The tone of the *Lancet* can be seen from this quotation from the 3rd March number. "It is calculated that promotion will occur at a fairly early period. Sir James Gibson's protest is ill-conceived, and has no good foundation. The complaints of our correspondents do not seem to us much better founded, and we think that the Army Medical Officers, if they receive the great boon which these recommendations profess, should for the present feel well satisfied, and cease to express discontent." The *Lancet* has thrown up the sponge; but a more able champion than the *quondam* Jupiter of the medical world has appeared in *Punch*, which fully endorsed the views set forth by the MEDICAL MIRROR on the shuffling compromises recommended to the Admiralty.

The *Medical Times and Gazette*, and, indeed, all the medical papers are full of Dr. Richardson's method of producing local anæsthesia to which we will give due prominence in our next issue.

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MEDICAL OFFICERS OF THE ARMY AND NAVY.—In the House of Commons lately, Colonel North asked whether it was the intention of government to carry out the recommendations as regarded increased pay, &c., of the committee which was appointed to inquire into and report upon the grievances of medical officers of the army and navy. The Marquis of Hartington said, the report had only been received a short time since, and it was impossible at present to state how far the recommendations of the commissioners would be carried out. Colonel North said he would repeat the question after the recess.

REVIEWS AND NOTICES OF BOOKS.

Clinical Surgery. Part VI. On Diseases of the Testicle, Vesico- and Recto-Vaginal Fistula, and Ruptured Perineum. By THOMAS BRYANT, F.R.C.S., Assistant Surgeon, Guy's Hospital, &c. Pp. 96, 8vo. London; 1866.

WE welcome with pleasure another portion of Mr. Bryant's excellent contributions to clinical surgery.

A considerable amount of attention is bestowed upon the diseases of the testicle, of which hydrocele is one of the most common. The term hydrocele, as denoting a collection of fluid in close connection with the testicle or spermatic cord is used indifferently to denote two distinct classes of cases, which vary in their progress and their pathology, and agree only in the fact that in both a collection of fluid is present. Mr. Bryant therefore prefers to separate the cases of hydrocele into two divisions, namely *vaginal* hydrocele, in which there is effusion into some portion of the tunica vaginalis, either of the testicle or of the cord; and *encysted* hydrocele, in which the fluid is contained within an expanded and newly-formed cyst, which is generally in connection with the epididymis, but seldom with the testicle.

Hydrocele may occur at all ages, but is more common at birth and about the middle period of life than at any other times. With regard to its pathology, the secretion of the serous fluid in cases of ordinary vaginal hydrocele is generally due to an inflammation of the serous membrane; but in a smaller class of cases, especially of the congenital variety, it is not so evident that the affection has any connection with the production of the effusion, but it would rather seem probable that in these the exudation is of a passive nature, dependent simply upon excess of natural secretion of the serous membrane.

The diagnosis of vaginal hydrocele, when uncomplicated by any disease of the testicle itself or of the epididymis, is not usually very difficult. The affection will generally have been of several months' duration, the patient seeking advice only when it has become troublesome, through the dragging pain produced by the weight of the tumour. Upon examination the swelling will be found to have a smooth, uniform surface, to impart a sensation of fluctuation to the touch, to be moveable within the scrotum, and to be distinct from any abdominal connections. If the skin over the swelling is drawn tight, and a lighted candle held near to it on the opposite side, the swelling will be seen to

be transparent; while the testicle can be felt at the upper and back part of the scrotum.

Hydrocele of the cord presents several varieties according to the extent of closure of the peritoneum as it passes downwards into the scrotum. In all of these the pathology of the affection is the same, and the symptoms vary according to the size and tension of the sac containing the fluid. In the congenital form, in which a communication exists with the peritoneal cavity, the swelling is never very tense, but has a smooth, uniform outline, and fluctuates on pressure; it disappears upon pressure, and when the patient assumes the recumbent posture. In diffused hydrocele of the cord this disappearance of the swelling does not occur upon pressure, or the patient's lying down, as the abdominal communication is closed; and the hydrocele then appears as an elastic swelling in the inguinal canal. It fluctuates when pressed with the fingers, and is moveable on traction of the testicle; the amount of pain is proportionate to the degree of tension or of inflammation. When the hydrocele of the cord is more localised, the swelling is more isolated, more moveable and tense.

The treatment of vaginal hydrocele when it is congenital is simple, as the affection commonly disappears as the age and constitutional strength of the patient advance; and the application of some cold lotion, such as the solution of the hydrochlorate of ammonia, aided by the administration of tonics, is usually sufficient to promote the re-absorption of the fluid, which has been passively effused. If these measures should fail, recourse should be had to more active treatment, and the fluid should be drawn off by means of a fine trocar and canula, and adhesive action of the lining membrane of the tunica vaginalis be excited by irritating it with the end of the canula. The case detailed by Mr. Bryant shows that the irritation of the tunica vaginalis in this manner is sometimes successful in producing a permanent cure after acupuncture has failed to produce good results. Of the numerous plans which have been proposed for the radical cure of hydrocele, Mr. Bryant gives the preference to the injection of the cyst with two drachms of the compound tincture of iodine with the same proportion of water.

Encysted hydrocele is much more rare than the ordinary vaginal hydrocele, and is met with in only about 5 per cent. of the cases of hydrocele. It consists of small cysts which may be single or multiple, and are generally pedunculated, and, as a rule, connected with the upper portion of the epididymis. These cysts are filled with a clear watery fluid, sometimes containing granules. They are not often diagnosed during life, but when the existence of encysted hydrocele is suspected, the diagnosis may be facilitated by bearing in mind

the extreme slowness of growth of the tumour, which is sometimes twenty years or more before it attains any large size, the globular shape of the cyst, the position of the testicle, which is anterior to the swelling, instead of posterior to it, as is the case in vaginal hydrocele, and the nature of the fluid contained within the cysts, which is generally limpid, slightly saline, more or less watery or opalescent, as if mixed with milk, and always contains granules, and frequently spermatozoa in suspension. The presence of the spermatozoa in these cysts appears, according to the investigations of Mr. Curling, to be due to the rupture of one of the spermatic tubes laying in close relation to the walls of the cyst.

In the same manner as the term hydrocele is applied to serous effusion into the sac of the tunica vaginalis, and of its tubular prolongation upwards to the internal ring, as well as into cysts connected with the testicle, the term hæmatocele is employed to designate an effusion of blood into the same situations; consequently we may have a vaginal, and an encysted, hæmatocele of the testis, and a diffused and an encysted hæmatocele of the cord. The affection may happen at almost any period of life; either in association with hydrocele, or without previous disease; and it may occur apparently spontaneously without any injury, or as the result of a strain, a blow, or the tapping of a hydrocele. When a hæmatocele has come on without any injury, the symptoms are obscure. There is gradual and uniform swelling, and the testicle will be found upon examination at the posterior and lower part of the sac. If, however, the hæmatocele results from an injury, the enlargement is more sudden and rapid, follows close upon the receipt of the hurt, and sometimes the patient is able to fix the time at which the rupture of the vessel took place, through having felt a sudden snap or giving way. The tumour is at first somewhat soft, and fluctuation may occasionally be detected in it. After some time fluctuation is lost, and the coagulation of the effused blood gives rise to the sensation of a solid growth. The sac of the hæmatocele soon changes in character, and becomes thick, or even fibrous or cartilaginous. The affection may be accompanied by pain during its earlier period from the distension of the cyst, but not at a later date, unless softening is taking place. As time goes on, the swelling becomes harder if no symptoms of inflammation are present; but when they appear, suppuration will soon be evident, for hæmatoceles, unlike hydroceles, have not a tendency to remain quiet, but open outwards by the breaking up of the coagulated blood, and the inflammatory process.

The treatment of hæmatocele consists, in its earliest stages, in ordering rest in the horizontal posture with the testicles well

raised, and the application of a cold lotion, so as to arrest the flow of blood, relieve pain, and promote re-absorption. If the effused blood remains fluid for a long time without symptoms of either re-absorption or inflammatory action, Mr. Bryant thinks that it is a sound practice to draw off the fluid contents of the sac by means of a trocar and canula. If inflammation sets in, saline purgatives should be administered, and it will be necessary to apply leeches to the part. When symptoms of suppuration show themselves, Mr. Bryant recommends, as the only sound practice, free incision into the cyst or tunica vaginalis, the whole semi-solid contents being completely turned out, and the interior of the sac allowed to granulate.

Most authors are in the habit of including under the term orchitis an inflammatory condition of two distinct portions of the testicle, namely, the epididymis, and the true secreting gland. Mr. Bryant prefers, as far as can be done, to separate the two, and to describe the former under the head of epidymitis, the latter as orchitis. When both affections occur together, he uses the term testitis.

Epidymitis, or inflammation of the seminal duct is generally the result of gonorrhœa or some other irritation of the urethra such as the presence of a calculus, or the passage of a sound or lithotrite. It comes on suddenly, and is accompanied by severe pain and enlargement of the posterior part of the testicle; the painful tenderness may be traced on pressure up the cord, which is sometimes swollen. The enlargement is very rapid, and in uncomplicated cases, the epididymis appears of a truncated half-moon shape, with the body of the testicle situated in its concavity. Epidymitis is usually an acute affection coming on suddenly, running a speedy course, and being accompanied in the majority of instances by constitutional disturbance, which varies in severity according to the intensity of the local inflammation and the temperament of the patient.

It is more frequent on one side than on the other; Sir Astley Cooper laid down the dictum, which has been implicitly followed by many writers, that the left side was its most frequent seat, but Mr. Bryant has arrived at a different conclusion. Out of seventy-three cases collected by him, thirty-five were on the right side, twenty-five on the left, four were double, and in nine the situation of the affection was not stated. Mr. Bryant's views on this point coincide with those of Mr. Curling, who, in his treatise on the testicle, has tabulated the experience of many surgeons, and has shown that in 138 cases, the right side was affected in seventy-eight, the left in forty-nine, and both sides in eleven instances. This greater relative frequency of epidymitis in the right as compared with the left side is the reverse of what occurs in hydrocele, in which the left is the more fre-

quent seat of disease. The idea is prevalent that epidymitis, when it occurs in connection with gonorrhœa, usually appears on the disappearance of the urethral discharge, and is relieved on its re-appearance, but, after close observation in a large number of cases, Mr. Bryant says that he is unable to trace any relation between these phenomena. Over-exercise and over-straining seemed to be the most common causes of epidymitis in persons suffering from gonorrhœa, and it appeared in the majority of cases where the gonorrhœa had been neglected, and where strong injections had been injudiciously employed, or the testes had not been properly suspended, especially amongst cachectic and irregularly living patients.

As regards the treatment, if the patient comes under observation at an early stage of the disorder, rest in the recumbent position, the administration of active saline purgatives, combined in acute cases with tartar emetic or colchicum wine, and hot poppy fomentations to the part, are generally sufficient to check the affection and to prevent its passing into the chronic form. Should the patient be unable to keep at rest, the testes and scrotum must be well supported by a suspensory bandage. If there is much constitutional disturbance, an opiate at night will be found useful; and if the local inflammation runs high and is accompanied by pain, leeches may be applied over the tumour. Mercury is spoken favourably of by many surgeons; but Mr. Bryant objects to its use in the acute stage of the disorder. Another mode of treatment, compression by means of strapping or an india-rubber bag, is recommended by various surgical writers, but Mr. Bryant seldom uses it in the acute form, when it is always productive of severe pain; in chronic epidymitis, when the inflammation has subsided, he considers the treatment by pressure to be of the utmost value in accelerating the absorption of the morbid inflammatory products. Should suppuration happen, as it sometimes does, the abscess should be opened early and by a free incision; water-dressing should be applied to the part, a suspensory bandage should be used, and tonics, with good diet, are also necessary.

Orchitis, by which is properly meant inflammation of the seminal gland itself, may be of two kinds:—acute, either as the result of injury, or sometimes apparently of metastatic inflammation in connection with parotitis; and chronic, which is the most common affection of the testicle met with in practice, and may happen as the secondary result of the acute form, or as a consequence of some constitutional affection, such as syphilis and gout.

The symptoms of acute orchitis—rapid enlargement of the gland, its flattened oval shape, and extreme tenderness, passing up the loins, round the hips, and down the thighs—are so well-

marked that the diagnosis is easy. There are also more or less constitutional disturbance, and general irritative fever. It generally tends towards recovery, and seldom terminates in suppuration, unless it is of the tubercular form, or in very cachectic persons, while gangrene is a still rarer occurrence. When it is a consequence of inflammation of the parotid gland, it is, as a rule, not very severe, and generally requires but little treatment. The remedies for acute orchitis are much the same as those for local inflammations in other parts of the body, rest in the recumbent position, elevation of the parts, warm fomentations, the application of leeches to the groin, saline purgatives, and occasional opiates, constituting the chief means of subduing the affection.

Chronic orchitis comes on slowly, and is often accompanied by so little pain, or other special symptoms, that the patient not unfrequently is only induced to seek advice, by the increased size and weight of the gland. If pain be present, it is of a dull, aching character, and evident only on pressure, while in a still more advanced stage, no pain is experienced in manipulation, and even the ordinary testicular tenderness felt on pressure may then be wanting. The gland does not appear pyriform or globular, as in hydrocele and many other affections of the testis, but it has a peculiar flattened outline from side to side, and a smooth surface. The constitutional symptoms are slight, excepting in cachectic and irritable patients.

Syphilitic orchitis differs from the ordinary form, both in the existence, previously, or at the same time, of other symptoms of constitutional syphilis, in its usually affecting both testes at different periods of its progress, in its being almost always complicated by the presence of a vaginal hydrocele, and in the remarkable stony induration and nodular irregular swelling of the gland. The affection terminates, in the majority of cases, by resolution, the testis being left apparently intact; but in others there is gradual wasting of the gland, which terminates in atrophy and sterility. Syphilitic orchitis has a remarkable tendency to return upon the occurrence of any irritating cause.

The two principal remedies recommended by Mr. Bryant in chronic orchitis are pressure, uniformly applied by means of strapping with plaster, and mercurials; he usually employs the iodide of mercury given in one grain doses, with five of Dover's powder, twice a day. When the patients are cachectic, he prescribes iodide of potassium, in three or four grain doses, combined with half drachm doses of the syrup of iodide of iron in infusion of quassia, three times a day. Notwithstanding the strong general recommendations of mercurials in the treatment of chronic orchitis, we should always give the preference to iodide of potassium, local treatment by strapping being, of

course, also resorted to. When the affection is connected with gout, colchicum should be used instead of, or in combination with, the other remedies. Vaginal hydrocele is, as has already been stated, a frequent complication of the syphilitic form of chronic orchitis; the best plan of treating it is to tap the hydrocele and to draw off the fluid before pressure is applied to the orchitic swelling. Prompt incision is requisite whenever the affection passes on to suppuration.

Tubercular disease of the testis may attend either the seminal gland or its duct, separately or together. It may occur either in the form of miliary tubercle, when it is almost impossible to diagnose the affection, until suppuration comes on; or as the yellow cheesy tubercle. The latter variety appears first as an indolent, painless, enlargement of the epididymis, generally at the upper part of the testicle. Upon manipulation, the deposition of the tubercular matter will be felt like some foreign body, such as a pear or nut; no pain being experienced by the patient on pressure. In other cases, more general infiltration may take place, and an indurated, nodular enlargement of the epididymis or testis, will be evident upon examination. After tubercular disease of the testis has lasted for some months, or, perhaps, even years, softening of the tubercular matter will set in, and inflammatory symptoms will be present, followed by suppuration. This affection may occur at any age, but seldom before adult life. If it should be recognized, the best treatment will consist in local rest, and the administration of tonics and other remedies calculated to improve the patient's health.

The gradual protrusion of the substance of the testis, through a rupture of the tunica albuginea enveloping it,—hernia testis—may follow the affection just described, or suppuration of the gland, from an injury, or orchitis. The testicle is gradually extruded through the tunica albuginea, the exposed portion of the testicle being increased in size by the granulations upon its surface. The diagnosis is easy, but somewhat opposite opinions exist as regards the treatment. The old practice, which is still adhered to by some surgeons, was to remove the whole of the fungating growth as rapidly as it formed; the more modern practice, as described by Mr. Bryant, is to restore the extruded testicle to its proper position, as may be usually done by using simple pressure with a firm pad over the growth, and keeping it in place by strapping. Sometimes when the granulations are very exuberant, caustics may be used to facilitate their destruction; of these, Mr. Bryant prefers the old remedy of red suboxide of mercury.

Cystic disease of the testicle has caused a great difference of opinion, in respect to its pathology. Sir Astley Cooper stated that it was a disease of the secreting *tubuli* of the testicle, but

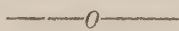
more recently Mr. Curling's researches have tended to prove that it is an affection of the *ducts* of the testicle, and not of the tubuli; although Mr. Bryant does not entirely concur with Mr. Curling as regards the special seat of the affection, he yet agrees with him concerning the main points. The disease consists of multilocular cysts, ranging in size, from that of a mustard seed, to that of a nut, and filled with a thin, serous glairy fluid. These cysts sometimes contain intra-cystic growths, and are imbedded in a fibrous stroma, of variable consistence and density. The tumour is at first slow in its progress, afterwards more rapid; firm and elastic; not transparent, nor presenting any distinct fluctuation; it is generally oval in form, and at the commencement of the disease is smooth and regular, but at a later period it becomes bossy; the ordinary sensation of the testicle, upon pressure, is soon lost; and there is rarely pain in the tumour even on manipulation. The only remedy for cystic disease is the removal of the diseased organ.

When the testicle is the seat of cancer, the disease is commonly of the soft kind, the proportion of cases of medullary cancer as compared with hard cancer in the testicle being, according to Mr. Bryant, as twenty to one. It may attack the testis in two ways, either as a tuberos isolated growth, or infiltrated throughout the whole gland. In this affection there is not unfrequently a tendency to the development of cysts, which are filled with cancerous matter. The period of life at which cancer of the testicle commonly occurs, is from the age of twenty-five to forty, but cases have been recorded at all ages. The diagnosis is not easy, particularly in the first stage, when the disease makes its appearance as a gradual enlargement of the body of the testicle, unattended by pain, while there is also loss of testicular sensation; the tumour is smooth, semi-elastic, and fluctuating, but as the affection progresses, it may become uneven, or nodulated, and harder in some parts than in others. At a later stage of the disease, the patient's health begins to give way, and the cancerous cachexia may become evident; there is lumbar pain, and the lumbar and inguinal glands are enlarged. The only treatment from which there is any chance of comfort to the patient is excision of the testis, which should be performed as early as the diagnosis has been established, as there will then be less probability of the implication of the lumbar and other glands.

Mr. Bryant's remarks on the surgery of vesico-, and recto-vaginal fistulæ, and ruptured perineum are of a sound and practical character. He points out that in the treatment of these fistulæ, two chief indications should be kept in view by the operator; first, to pare the whole margin of the fistula with nicety and accuracy; and secondly, to bring into, and maintain

in, close apposition the cut edges of the fistula. The first-named step in the operation is especially attended with difficulty, and with the object of facilitating its performance, and rendering it more certain, Mr. Bryant has contrived a valuable little instrument. This, as represented in the illustrations to his book, resembles a fork, with one, two, or three prongs, according to the extent of the fistulous margin; and, when it is passed through the lips of the fistula, so as to present their edges to the operator, a clean cut can be made with the scalpel, and uniformity is insured throughout the whole length of the wound, without any manipulation of its surface. After the upper margin of the fistula has been pared in this manner, the lower edge is to be similarly treated, and the two lips of the wound are then brought into close apposition by means of wire sutures. The distance from the margin of the wound at which the sutures should be inserted is a third, or half an inch; and the edges of the wound should not be adapted too tightly, lest swelling and ulceration in the line of suture should result. The sutures may be left in for a week or more; but Mr. Bryant considers that the best plan is to remove them as soon as the wound is healed, as no benefit can be obtained by leaving them in longer, while mischief may result from ulceration being set up if they are allowed to remain. The urine should be drawn off periodically after the operation, and an opiate suppository should be used to obviate pain or local spasm.

The principles of practice in treating ruptured perineum are similar to those laid down for plastic operations for the cure of recto- or vesico-vaginal fistulæ; and in all those cases the surgeon should especially bear in mind that success depends, to a very considerable extent, upon careful attention to cleanliness and kindred matters, unimportant though they may appear, after the operation.



Australia for the Consumptive Invalid; the Voyage, Climate, and Prospects for Residence. By I. BAKER BROWN, Junior, late Surgeon-Superintendent H. M. Emigration Service; Assistant-Surgeon to the London Surgical Home. Pp. 137, 8vo. London: 1865.

ALTHOUGH this book is written rather for the guidance of invalids than for that of medical men, it is full of valuable information upon the important subject of the value of change of climate in the arrest and cure of pulmonary disease.

Invalids are too often apt to take a narrow view of the meaning conveyed in the simple word "change," and this mistake is

not unfrequently fostered by the indifference which medical practitioners show regarding this point.

Too much weight is attached, when a change is suggested as requisite, to certain social circumstances, of importance, doubtless in their way, but not likely to conduce much to the restoration of the patient's health; such as the good society, the excellent hotels, and other inducements held out at this or that place. The fact is, however, that instead of taking this limited view of the question, it ought to be considered in its widest bearings,—viz., as change, not only of residence, but also of air, of scene, and of occupation. The value of change of air is unquestionably evident in the cases of persons suffering from pulmonary affections, especially phthisis, who go out to Australia from this country; and to this are added, in a marked degree the other advantages derivable from change of scene and occupation. The sea voyage itself is highly conducive to health, and after the discomforts inseparable from the commencement of a voyage are surmounted, the invalid finds himself improving rapidly in health and spirits. In this respect, the superiority of a visit to Australia over one to Madeira or the Canary Islands is apparent; invalids going to the latter resorts have scarcely time to get over the *disagréments* of the sea voyage before they have arrived at their destination, but in the case of a person going out to Australia, the length of the voyage gives ample time for recovery from sickness, and for enjoying the pure sea-air afterwards.

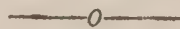
Mr. Baker Brown gives a faithful and comprehensive account of all that is useful to the intending voyager to Australia. He not only describes Australia and its climatic advantages, but he shows the invalid how he can best get there. He takes him to the docks, selects the best cabin for him, advises him as to his outfit, tells him what to eat and drink, and how to occupy himself on board ship, and having reached the colony, does not leave him until he is settled in comfortable quarters. Mr. Brown is something like a guide; it may be all very well to tell patients, for whom such a change is suitable, and whose means admit of it, to go to Egypt, or the Cape, or Madeira, or Australia, but in the majority of instances the piece of advice is too meagre to be of much use.

We are glad to see that the author lays due stress upon the advantage derivable from making the voyage in a sailing-vessel, as compared with a steamer. The movements of the former are much more comfortable than those of the latter; there are no shaking and vibration, and none of the inconveniences felt by passengers in a steamer, when head-winds and a head-sea are encountered. Moreover, there is an absence in a sailing ship of the smells and the smoke which are unavoidable in

steamers. We have, ourselves, had experience in long voyages, of both classes of ships, and must join with the author in giving the preference to sailing vessels, when a rapid passage is not the primary object.

One great advantage which Australia presents to those who visit it on account of impaired health or threatened tubercular disease, is the facility with which they can obtain a living after their health is sufficiently re-established to allow of their following their calling. Australia is a fertile, rich, prosperous, money-making country, large enough for all comers—so large, indeed, that, as the author states, if all Great Britain went there, there would still be room for the greater part of Europe—and no man of ordinary energy and perseverance need fear any difficulty in getting, at least, a comfortable subsistence by his exertions.

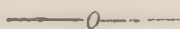
In such an immense range of country, numerous varieties of climate must, of course, exist. Mr. Brown describes the climate of the different colonies at considerable length, and in doing so, points out the absurdity of some authors who have written about the "Climate of Australia," as if the same climatic conditions existed throughout the whole of this vast country. Of the different colonies, he regards Queensland as the most unfitted for English consumptive invalids; New South Wales, he looks upon as the best place for invalids to go to who require a warm climate, although Sydney, the capital of this colony, is not suited for persons suffering from affections of the lungs. Tasmania, formerly called Van Diemen's Land, is, in his opinion, the best place, not only in the Antipodes, but in the universe, for those English consumptive invalids who require a climate more equable than our own, but not of much greater temperature, and possessing an ozonised, clear, and bracing atmosphere; Western and South Australia have the advantage of cool westerly breezes, which New South Wales, owing to its geographical position, does not enjoy, and South Australia, with its sandy soil and dry atmosphere, is a healthy climate, suited for such patients as are recommended to go to Algiers, to which resort, it is, however, very superior; the colony of Victoria, situated between New South Wales and South Australia has a climate which is a mean of that possessed by these two colonies.



Practical Information on the Intellectual, Sanitary, and Medical Treatment of the Deaf and Dumb. By H. S. PURDON, M.D.

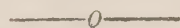
THE author has collected with most painstaking energy a variety of statistics on these interesting but unfortunate sufferers, and

he writes most lucidly on the subject. His book is a vade mecum which every practitioner engaged at Institutions set apart for mutes would do well to study. The importance of not lowering the vital powers in these cases of deficient vitality is insisted on. Marriages of persons too nearly allied by blood, being a cause of this condition, are strongly condemned. We regret that our space will not permit of any extracts.



The Year Book of Pharmacy. By C. H. WOOD, F.C.S., and C. SHARP.

THIS is a very excellent little book giving concisely all the improvements throughout the year in drugs and their preparation. It describes the newest processes and the most recent drugs, and contains a mass of practical information which does equal credit to the talent and assiduity of the compilers.

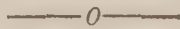


PAMPHLETS.

Progressive Locomotor Ataxy: Its Symptoms, Diagnosis, and Treatment. By JULIUS ALTHAUS, M.D. Pp. 39.—This interesting pamphlet contains the substance of a paper read recently before the Medical Society of London, and partly published in the MEDICAL MIRROR for February last. Progressive locomotor ataxy is not a new disease, although it is a new name for an old disease, which is referred to in the works of Hippocrates, and has since been described by numerous writers. Hippocrates, however, confined the term *tabes dorsalis*, by which name the affection was formerly known, to a peculiar affection of the spinal nervous system, usually connected with venereal excesses. Subsequent writers confounded this disease, more or less, with paraplegia, and it was left for modern pathologists, aided by the microscope, to define clearly the nature of the disorder. Dr. Todd was the first to draw a distinction between it and paraplegia; and since the period at which he wrote the article on the nervous system in his Cyclopædia, numerous English, French, and German investigators have thrown additional light upon the nature of the affection, and have shown that “in well-marked cases of tabes, an actual waste of nerve-fibres of the posterior columns of the spinal cord takes place, together with the formation of amyloid corpuscles, and considerable proliferation of connective tissue.” The name of progressive loco-

motor ataxy—the word ataxy from two Greek words, signifying ‘want of order,’ having reference to the inability of the patient to co-ordinate his movements in walking—was given by M. Duchenne of Boulogne, who thought that it was an entirely new disease, and advanced in various memoirs on the subject, the first of which was published in 1858, the opinion that it arose from functional disorder of the cerebellum. M. Duchenne was mistaken regarding the seat of the affection, which has lately, as has been already stated, conclusively shown to depend on certain morbid changes going on in the lower part of the spinal cord.

The pathological anatomy, symptoms, and causes were so fully discussed by Dr. Althaus in the February number of this periodical that we need not dwell upon these points. With respect to the prognosis, it is not favourable; although much may be done for the patient, if he happens to come under medical treatment at an early stage of the disease. A nourishing diet, and tonics should be ordered. Counter-irritation, by the moxa, hot iron, issues, and blisters, have been recommended by various writers, but Dr. Althaus has not found the benefit derived from their use to be at all proportionate to the pain and discomfort caused to the patient, and he prefers to employ galvanism, applied in a continuous current to the lower and middle part of the spine. Sulphur baths are sometimes useful, but vapour and Turkish baths should be avoided. In Dr. Althaus's cases several remedies proposed by different authors, such as iodide and bromide of potassium, arsenic, nux vomica, and strychnine failed to produce satisfactory results, and the only remedy which seemed to do good was the nitrate of silver, first suggested by Wunderlich, of Leipzig, in doses of one-tenth to one-half of a grain two or three times a day, combined with hypophosphite of soda, with which it appears to answer better than when given alone. It is necessary to inspect the gums frequently, so that as soon as the peculiar discoloration produced by nitrate of silver, after having been taken for some time, is observed, its administration may be discontinued, before it has time to affect the skin. Dr. Althaus usually adopts the precaution of giving the nitrate for five or six successive weeks, and then leaving it off for a fortnight or three weeks, after which it may be resumed.



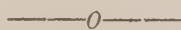
The Danger of Deterioration of Race from the too rapid Increase of Great Cities. By J. E. MORGAN, M.A., M.D. Pp. 64.—Dr. Morgan aims in this *brochure* at showing the injurious effects upon the health of the inhabitants of large cities, and the influence thus exercised upon national prosperity, through the overcrowding which exists in all of our great

centres of commerce and industry. The temptations of higher wages, and other inducements, cause the labouring classes to migrate in great numbers from the country to the town districts. Here they become exposed to various noxious influences, owing to their living in confined, close dwellings, to alcoholic excesses, &c. The effect is evident in the adults who have removed from the country to town, and is still more strikingly shown in their children. The exhausting consequences of the constant migration constantly going on from rural to urban districts, is exemplified in the case of London, which, if reckoned to continue at its present rate of advance in the number of inhabitants, will require a yearly influx of 18,000 persons, three-fourths of them adults, besides the increase of the settled population, and if the national increase of the population in the country generally, is estimated at about ten in every thousand persons, it must take nearly two millions of country people to supply the annual addition of new residents to London alone. The death-rate of the principal cities is almost twice as great as that of the agricultural parts of England, while the necessity for constant migration from the country into the towns is further increased by the smaller relative productiveness of marriages in the latter as compared with the former. In evidence of this fact, Dr. Morgan institutes a contrast between Manchester and the county of Hertford. The marriages in Manchester are nearly four times as many as those in the whole county of Hertford, but the births in Manchester only exceed the births in Hertfordshire by about one-sixth, the average number of children to every married couple being two in Manchester, and five in Hertfordshire.

Dr. Morgan makes some pertinent remarks relative to the "altered type of disease," a question which of late years has received much attention, and suggests that this so-called alteration in the type of disease ought to be looked upon as an alteration in the patients, the disease remaining the same, but not the constitution of the inhabitants of cities, whence the writers on unaltered type of disease derive their experience of the change which has become necessary in the treatment of disease. He further supports this view by instituting a comparison between town and country practice, the former almost always necessitating stimulating and tonic treatment, while in the latter antiphlogistic, and even lowering measures are not unfrequently requisite in order to check the progress of inflammatory affections.

Any attempt to diminish the influx of the agricultural population into our large cities and manufacturing towns would, of course, be futile, but it is evident that much might be effected towards the prevention of over-crowding, and of its serious consequences upon the health of the community.

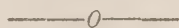
The numerous courts and alleys, which constitute hot-beds of infection and disease, should be cleared out, cellar-dwellings should be closed, suburban settlements for the working classes should be established, narrow lanes and streets should be widened, factories should only be allowed to be built on the outskirts of large towns, where they would be thoroughly ventilated, and would cause no great danger to health, instead of being permitted to exist in the centre of densely-populated places, and prompt measures should be adopted to check the spread of infectious disorders, whenever and wherever they might make their appearance. These are some of the remedies which naturally suggest themselves upon a perusal of Dr. Morgan's interesting pamphlet, which we can recommend as ably written and abounding in instructive matter.



On the Cattle Disease. By Surgeon-Major LOGIE, Royal Horse Guards. Pp. 24.—There is nothing about this pamphlet to distinguish it from the hundreds of similar well-meaning, but practically useless, contributions on the subject which have issued from the press during the last few months. The author thinks it “possible, indeed, highly probable, that it was imported from abroad,” but at the same time he attempts to show that it may have been generated in this country. He is of opinion that “the soil is so charged with foreign matter, so changed from what it formerly was, that were we subjected to a tropical sun for forty-eight hours, our fields would become a mass of creeping things, and a pestilence be the result,” while his antipathy to the use of guano and other foreign manures (with which English soil is, as he says, overcharged) culminates in quoting, *apropos* to our present style of agriculture, the following passage from the Psalms:—“They provoked him to anger with their own inventions, and the plague was great among them.” Following up this manure hypothesis, he gives us the comforting assurance of the probability of the disease finding a permanent home among us, and institutes a simile between the dairy-counties and the steppes of Russia. Again, he observes that he is *not* versed in the statistics of the cattle plague, but he thinks that “it would be interesting to mark its ravages geologically, although this would probably furnish *no* conclusive data, owing to atmospheric influence.” He next ventures the sapient observation that, in travelling through different parts of the country he could not help observing the almost total absence of flies in some places where the cottages were white-washed, from which circumstances he was led to suppose that he was passing through a limestone district. We should have thought that a glance at the railway-cuttings would have

afforded more reliable evidence of the geological condition of a district than could be obtained from observing whether the cottages were whitewashed or not.

After the allusions which the author makes to creeping things and flies, our readers will not be surprised to learn that he endeavours to show "the probable agency of poisonous animalculi in generating this disease." The treatment which he advises turns chiefly upon this supposition, and includes santonine, which he terms a "simple remedy," and praises as "an excellent medicine in worm affections, particularly for children." We must confess that we fail to see the analogy between children and cows, whether pathologically or physiologically considered. Next to santonine, the author appears to have faith in the value of the decoction of *saracenia purpurea*, a remedy once greatly vaunted as a specific for small-pox, but since proved to be completely inert in controlling the progress of this affection. He also recommends or suggests the trial of a host of other remedies, amongst which are linseed oil, tincture of the sesquichloride of iron, carbonate of ammonia, the alkaline sulphites and hyposulphites, the compounds of chlorine, iodine, and bromine, with potash and soda, different medicinal solutions injected under the skin, or into the veins, and the transfusion of the blood of healthy animals.



On Reflex Paralysis. By WILLIAM GALLOWAY, M.D. Pp. 48.
—This affection, described by various authors under the designation of essential, idiopathic, and infantile paralysis, received the name of reflex paralysis from Dr. Brown-Séquard, whose views are for the most part followed by Dr. Galloway in his complete sketch of the disorder.

It commonly occurs in early childhood, the majority of cases happening before the third year of life, and may be produced by numerous exciting causes, foremost among which are chills, blows, the presence of worms in the alimentary canal, exanthematous fevers, and difficult dentition. Sometimes it comes on suddenly, and without any obvious cause; at other times, it is ushered in by cerebral disturbance and convulsions, or makes its appearance gradually. It may be divided into two stages, the first, paralysis, the second, atrophy. The paralysis takes the form of either paraplegia, which is most frequent, or hemiplegia; in the hemiplegia observed in this disorder, the whole side of the body is never affected at the same time, but only one arm or one leg.

The diseases of the brain which commence with convulsions and appear at the period of life most liable to infantile, or reflex

paralysis are, meningitis, tubercular hydrocephalus, and meningeal apoplexy. These may be mistaken for reflex paralysis unless the symptoms are well-marked, but the two first-named diseases are generally accompanied by disturbance of the sensorium, and are also generally mortal; meningeal apoplexy is also accompanied by disturbance of the sensorium. In infantile reflex paralysis, the sensorium is not affected, nor is the disease mortal. Some authors consider that in the latter disorder the irritability of the paralysed muscles is entirely lost, and that in infantile cerebral paralysis the contrary is observable, the galvanic current causing the most intense contraction and much pain. Dr. Marshall Hall looked upon this difference as so marked, that he proposed it as a means of diagnosing between these two forms of paralysis. Dr. Todd, with whose opinion Dr. Brown-Séguard coincides, considered that the loss of irritability of the paralysed muscles in reflex paralysis was proportionate to the degree in which their nutrition was impaired or lost.

There are two distinct varieties of reflex paralysis, characterised by well-marked features; the first rapidly curable without proceeding to the stage of atrophy, and the second more persistent and incurable, in which the muscles become atrophied, and altered by fatty degeneration. The former variety of the disorder is at first due to exhaustion of the grey matter of the spinal cord from over-excitation, and the tonic contraction of the blood-vessels of the cord produced by reflex action; upon the removal of the outside excitation, either spontaneously or by remedial means, the affection is cured before it proceeds to the second stage, that of atrophy. In the second variety, the external excitation has been prolonged so that the contraction of the vessels has produced atrophy and fatty degeneration of the paralysed muscles; in this variety the prognosis is as unfavourable as it is favourable in the other form.

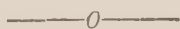
The treatment of reflex paralysis in the first stage consists—1, in the removal of the irritating cause; 2, in diminishing the nervous excitability by the use of sedatives; 3, in counteracting the contraction of the bloodvessels of the spinal cord, by increasing the amount of blood circulating in them, and so increasing its nutrition, by keeping the patient laying in bed on his back, with his head, upper, and lower extremities raised on a hard pillow, and by applying cold water, or hot and cold water alternately along the spinal column; 4, in increasing reflex action by the administration of strychnine; and 5, in strengthening the patient's constitution by tonics, especially ammonia, quinine, and iron, by nutritious food, and exercise in the open air. When reflex paralysis has passed on to atrophy, galvanism and friction are the chief means from which benefit may be obtained.

On a New Method of Applying Remedial Agents to the Cavity of the Tympanum. By EDWARD BISHOP, M.D. Pp. 19.

THIS is a reprint of a paper lately published in the *Medical Press and Circular*.

The means at command hitherto for treating diseases of the tympanic cavity have been few and often inefficient. They are insufflation by the lungs or by an air press, the injection of steam, simple or medicated, and the injection of tepid water, or medicated solutions. To each of these methods of treatment there is one of two objections, viz.—that they are either so inadequately used that they do not act upon the lining membrane of the tympanum, or that, not being readily regulated, they are used with such force, and to such an amount as to be sometimes productive of injurious results. Dr. Bishop's method of treating affections of the tympanic cavity is superior to those hitherto employed, as regards both safety and efficacy. It consists of the introduction through the Eustachian tube of pulverised solutions of various remedial substances, by the aid of an ingenious apparatus, of which a figure is given in the pamphlet.

This mode of treatment was attended with benefit in all the cases in which it was resorted to. The class of cases in which the most satisfactory results may be expected are those which are attended by closure of the Eustachian tube at either end or in its whole length.



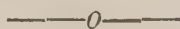
A Course of Lectures on Hydrophobia. By T. C. SHINKWIN, M.D. Pp. 68.—These lectures, compiled from the manuscript notes of the late Dr. T. S. Holland, give a full account of the history, pathology, and treatment of hydrophobia. The disease appears to be known all over the world, for there is scarcely a language which does not contain a word expressive of it, and mention is made of hydrophobia by some of the oldest writers on medicine.

The animal in which this affection most frequently makes its appearance is the dog, but it has also been observed in cats, wolves, foxes, pigs, sheep, &c. Hydrophobia does not seem to be communicable from man to man, although it may be communicated by any rabid animal to the human subject; nor can it result from the bite of any animal not affected with the disorder.

Madness in dogs occurs with almost equal frequency at all seasons and in all months, June, July and October being those which furnish a rather larger proportion of cases than the other months do. The period occupied from the bite of the rabid

animal to the death of the person bitten is divisible into two distinct stages. The first, or period of incubation, includes the time between the occurrence of the bite and the manifestation of the symptoms ; in 120 cases, the shortest duration of this period was 12, the longest 334 days, giving a mean of 61 days. The second stage, from the appearance of the first symptoms to the death of the patient, ranged from 18 to 201 hours, making an average length of 70 hours.

As regards the treatment of hydrophobia, after the symptoms have become fully developed, medical art seems almost powerless, and the only manner in which immunity may be obtained is by prompt and decisive measures as soon as possible after the bite of a mad animal has been inflicted. The wounded part should be thoroughly washed with hot water ; cupping glasses or, in the absence of these, wine-glasses, in which a piece of paper, soaked in spirits, is burnt, should be applied over the wound ; deep and complete cauterization, and, where practicable, excision of the wounded part should also be performed.



ANALYTICAL DEPARTMENT:

INCLUDING OCCASIONAL NOTICES OF IMPROVEMENTS AND INVENTIONS HAVING RELATION TO THE PROGRESS OF MEDICINE, &c.*
SINAPINE TISSUE.

Sinapine tissue, or mustard paper, is a thin paper charged with mustard, so as to form a substitute for the mustard poultice, commonly employed. It is superior to the ordinary poultice, in the ease with which it may be applied, in efficacy of action, in the readiness with which it can be prepared for use, and in cleanliness. All that is necessary in applying it, is to wet the part affected, with lukewarm water, and then to place over it as much of the tissue as may be required, covering it with spongio-piline, or flannel, previously wetted with hot water.

The analysis of the sinapine tissue shows that it contains, besides mustard, myronic acid, sinapisin, and capsin. The mustard enters chiefly into its composition, and is adapted for use in every case in which a mustard poultice is indicated. When applied to the chest in children, it produces the desired effect in from two to five minutes ; the time requisite for its action in adults, is from five to fifteen minutes.

* Under this head it is proposed to give analytical notices of articles of diet, new drugs, and medicinal preparations ; with occasional notes on various improvements and inventions bearing upon medicine and allied branches of knowledge. It is particularly requested that all communications respecting this department shall be properly authenticated by the names of the writers.

THE MONTH.

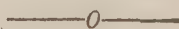
OCCASIONAL NOTES.

DIFFERENCES of opinion among doctors are so common and their testimony is so conflicting, that the profession is rapidly losing its character for common sense. It is not surprising that mental observers should occasionally differ in reading the mysterious intricacies of insanity, but that any difference of opinion should occur in cases of accidental injury, or that there should be such opposite theories regarding the wholesomeness or otherwise of gases exhaled in certain manufactures, savours much of self-interest, and at any rate redounds but little to the credit of a profession ostensibly shrewd and scientific. A rich defendant company is a sure paymaster, but a plaintiff, if he wins, is also not illiberal to a friendly doctor, and guineas, at any rate, are sure facts on either side, which cannot be disputed.

Scepticism is not infrequently affected by medical men, as it is an easy substitute for knowledge. It goes down, moreover, with some for strength of mind, dissatisfied with the common teachings of the time. A reputation for originality is gained, and to have a reputation for anything is enviable. Ladies like the conversation of the dreadful man who says so many wicked, naughty things, and they are fond of arguing with the clever sceptic. There is method in scepticism after all, for patients pay for valuable time. Where, however, a professional connection requires it, religious doctrines can be taken up like any other specialty that promises remuneration. But religion is utterly unfashionable in the literature of the profession, and any allusion to God is obscured by ingenious platitudes concerning Nature. The more affected, if not more learned, borrow a quotation in a dead or foreign tongue to further hide their meaning. Science, and not religion, is the thing, in perfect knowledge and religious feeling must be covered by apologies. But, in our opinion, medical principles without religion, are as salt that has lost its savour. We consider that doctor who is content with a pigmy science, and with a vital force ascribed to an unknown source, and who does not recognise in every mental effort and in every action of his body the power and presence of Almighty God, to be but a fatuous expositor of scientific medicine and a blind leader of the blind.

The *Times* calls the House of Commons the inquest of the nation, and we may justly call the *Times* the inquest of

national opinion, for nowhere does common sense reign more triumphantly than in its leading columns, and nowhere does pretentious uselessness meet with more condign or sharper punishment. A leading article, at the beginning of the month, pointed out the want of co-operation in the management of our hospitals, and showed how much more systematically and better these details are worked in France, a country not richer in benevolence than our own. Nowhere can be found more institutions than in London. They are dotted over the metropolis, great and small, ostensibly engaged in the common work of alleviating the misery of the poor, and in bringing comfort to the sick. Yet there is no bond of union between them, but they hate each other with a cordial hatred. They are all engaged in drawing on the fountain of charity. Yet they dam up the stream that offers to flow in a direction not their own. They jostle each other in the columns of the daily press, as they beg and whine for money. Every conceivable device is adopted to draw alms from the soft-hearted and benevolent rich, and a great deal of skill is shown in the various "appeals" that are paraded before the public. Now it is the severity of the weather, now an increase in the sphere of usefulness, anon a building fund, again a deficiency of assets to be made up. But it is the old tale under all disguises. It is a clamour for money. A poor wretch, crippled by an accident, was recently put in prison for fourteen days, because he had paraded his wretchedness and received alms from the public. But begging advertisements in the papers and begging circulars by post reap a rich and unobstructed harvest. Let us not be misunderstood—we do not underrate the unpaid services of committeemen and doctors, but we do exclaim against the waste of salaries on promoters, and the heavy discount in collectors' fees that such a crowd of struggling charities occasions. Amalgamation would add greatly to the bounty intended for the poor, while the public would be less dunned for charity than under the present system of 20 per cent. of contributions going to canvassers and appeal-mongers.



SUMMARY OF NEWS.

THE Medical Council will not hold their annual general meeting until the 17th of May; seeing that part of the business which they will have in hand will be to obtain additional legislative protection for the qualified members of the medical profession, and for the punishment of ignorant pretenders and quacks, the date for which the meeting is appointed is much later than it should be. The draft of the Medical Acts Amendment Bill has not yet been published, but we understand that it will be a great improvement upon that at present in force. The Council will also have

under consideration the new edition of the *Pharmacopœia*, and various other matters which will give them plenty to do, without wasting the greater portion of their sittings in mere talk. Unfortunately, some of the members of the Council think it incumbent upon them to speak upon every question which is brought under discussion, and the consequence is that much valuable time is wasted, and the debates may be summed up, in Hamlet's answer to Polonius, "Words, words, words!"

The new Vaccination Bill promises to be useful in consolidating all the measures hitherto passed on the subject, but the fees which are proposed for vaccination and re-vaccination, namely 1s. 6d., and 1s., respectively, are not large enough to make it worth the while of any medical practitioner to interest himself in assisting to carry out the provisions of the Act. Another defect in the Bill is the want of some proper authority upon whom should devolve the duty of prosecution, in cases of neglect or evasion of the Act. We learn from the first report upon the working of the Scottish Vaccination Act, which came into operation on January 1st, 1864, that out of 108,851 children born in Scotland during the year 1864, 95,047 being 87·32 per cent of the whole number, were successfully vaccinated. If to the number in whom the operation was performed with success, we add those children who were found to be insusceptible of the vaccine virus, and those who died before the operation could be performed, it is evident that the immunity from small-pox thus established must, if this rate continues to be maintained for some years, be very complete; indeed, the good results already begin to manifest themselves, for while the deaths from small-pox in the eight principal towns of Scotland were 679 in 1864, the mortality from that disease amounted only to sixty-seven in the same towns in the following year. It is suggested in the report that the period within which vaccination should be performed, should be three, and not six, months after the birth of the child; and that the privilege of vaccination at the public expense should be extended to the children of persons who, although not actually paupers, can but ill afford the fee for vaccination.

The graduates of the University of London have seized the present opportune occasion for re-opening the question of the representation of the University in Parliament, and a general meeting of the members of the Convocation has been recently held, for the purpose of considering what steps should be taken to secure, in the anticipated Government Bill, a share in the distribution of seats in the House of Commons. Dr. Storror was in the chair, and it was moved by Mr. Jessel, Q.C., and seconded by Mr. R. N. Fowler, one of the candidates at the late election for the city of London, "That a petition be presented to both Houses of Parliament, praying that two members may be given to the University of London"; Mr. Jessel stated that the number of constituents, supposing the University to be represented, would be 2,000 in 1867, at which time any new Reform Bill might be supposed to come into operation. After several other speakers had addressed the meeting in support of the resolution, it was unanimously agreed to, and arrangements were made for the early presentation of the petitions.

It is reported that the feeling at the Horse Guards is opposed to carrying out the recommendations made in the Report of the Commission which was appointed to consider the condition of the Medical Service in the Army and Navy. This is what might have been expected from the obstinate, obstructive, and senseless policy followed by the authorities of the Horse Guards, but they must be taught the wholesome, though to them unpalatable, lesson that they cannot be allowed "to stop the way."

The members of the Cholera Conference at Constantinople have held several sittings. At one of these it was determined, to advise the stoppage of the sea-communication between Hedjaz and Egypt in the event of

another epidemic outbreak. The Porte has declined to accept this measure, lest it should cause an insurrection amongst the pilgrims. Recent information from Alexandria states that cholera has re-appeared there, and the Maltese government has placed all arrivals from Alexandria under a quarantine of thirty days. The epidemic has also broken out with great force in some parts of the Duchy of Luxembourg, and the adjacent district of Rhineland.

The Cattle Plague is at last abating in severity, and several of the recently infected districts are now quite free from its ravages. It may be mentioned in connection with the question of food-supply that the consumption of horse-flesh has greatly increased on the Continent. Not long since, a banquet took place in Paris, at which this was the only kind of meat used. In Berlin, considerable success has attended the introduction of horse-flesh as an article of food, and it is stated (rejoice, ye hippophagists!) that in the past year, 2,241 horses were slaughtered in that city alone for human consumption.

The movement set on foot for the improvement of the condition of the inmates of the London workhouses continues to progress satisfactorily.

An official inquiry into the death of a child at the St. Pancras workhouse has elicited a piece of information showing the onerous duties of the medical officers of such institutions. Mr. Butt, the principal medical officer, stated that the number of persons under the care of himself and his colleague was 1,042, namely, 240 sick persons in the infirmary, 430 aged and infirm women, 212 aged and infirm men, forty-two insane men, ninety insane women, and thirty-two lying-in cases. His late colleague, Dr. Roberts, died only a few weeks since of fever, contracted in the discharge of his duties, and Mr. Butt himself has not long recovered from a serious attack of illness, brought on by overwork. It would be better if newspaper penny-a-liners would content themselves with making such meritorious devotion known, instead of insinuating unfounded charges of neglect of duty against the resident medical officers of the St. Pancras, as well as of other workhouses.

At a general meeting of the Fellows of the College of Physicians, held on March 26th, Dr. Thomas Watson was, for the fifth time, elected to fill the Presidential chair. In his address, he reviewed the principal events connected with the College during the past year, among which, were the delivery in English, for the first time, of the Harveian Oration, the completion and arrangement of the new museum, the grant of a lease from the Crown for 999 years, at a peppercorn rent, of the College building, and the visitation of the examinations for the Licence by deputies from the Medical Council. Since the last annual meeting, eight Fellows of the College have died, and seven new Fellows have been elected; fifteen members of the College have died, and eighteen have been admitted; and, seventy-four gentlemen have received the College Licence. *Apropos* to the College, we may mention that the whole of the exterior stonework of the old building, in Warwick Lane, Newgate Street, which was occupied by the College from 1689 till 1825, is advertised for sale. It was erected from the designs of Sir Christopher Wren. Dr. Garth, in his satirical poem, the *Dispensary*, written on the quarrel between the College of Physicians and the Apothecaries' Company, describes the building, which was octangular in shape, and surmounted by a dome, in the following lines:—

“There stands a Dome, majestic to the sight,
And sumptuous arches bear its oval height;
A golden Globe, placed high with artful skill,
Seems to the distant sight—a gilded pill.”

The stonework includes sixteen beautifully carved Corinthian pillars, in a good state of preservation. A late city alderman had his mansion built

partly of the stone from old London Bridge; might not some member of the medical profession find a similarly fitting place for the stone-work from the old College of Physicians?

Our contemporary, the *Pall Mall Gazette*, directs attention to the way in which the Nightingale fund for training nurses is (mis) managed. The sum of money which was raised for this fund was nearly fifty thousand pounds, and the analysis of the five years' reports shows that only forty-five nurses have been trained during that period, at an average cost of £88 for each nurse. It also appears that one hospital, St. Thomas's, not only receives the valuable services of the nurses during the whole period of training, and receives in *douceurs* to its officers a quarter of the whole amount expended, but also retains as many of the nurses as it requires after their training is completed. The facts here stated need no comment from us.

At Birmingham an excellent and well supported scheme has been commenced, having for its object the establishment of a Sanatorium in the vicinity of that town. An influential and numerous attended meeting was held on March 15th, to further the plan, and the medical profession was represented by many of the leading practitioners in Birmingham, some of whom spoke highly in praise of such an institution as that which it is intended to establish. The funds already in hand are nearly £9,000.

A contested election for the vacant coronership of Yorkshire (Doncaster District) has terminated in favour of the medical candidate, Dr. Guy, the deputy coroner of the borough of Doncaster, who received 582 votes, while his opponent, Mr. Nicholson, a solicitor and clerk of the peace for Doncaster, only obtained 377 votes, the majority in favour of Dr. Guy being 205.

A new scientific periodical is announced under the title of *Scientific Opinion*, which will occupy the same position in respect to the various branches of science as *Public Opinion* does in general matters, and as the MEDICAL MIRROR does in medicine, under the special heading of "Medical Literature and Opinion." Dr. Henry Lawson will be the editor of the new journal, to which we cordially wish success.

Several hospitals have had their annual meetings during the past month. The anniversary festival of the Metropolitan Free Hospital was held at the London Tavern, the Lord Mayor occupying the chair, and subscriptions of more than 3,000*l.* were announced. The committee of this excellent institution have received notice to leave the present building, which is wanted by a new railway company; but it is hoped that a site may be obtained in or near the City for the erection of another hospital more suited to the requirements of the numerous patients who seek relief at it. At the annual court of King's College Hospital, it was reported that the number of patients admitted during 1865 was 1,900, and that the out-patients amounted to 35,792; the number of women confined was 168, and the number of midwifery cases attended at their own homes was 133. The anniversary dinner of the Royal Hospital for Incurables took place at the London Tavern; the subscriptions announced amounted to 2,100*l.* The report read at the festival in aid of the German Hospital showed that the general receipts during the year had been 4,516*l.* 10*s.* 9*d.*, and the expenditure during the same period 4,522*l.* 18*s.* 6*d.*, making a difference between the two sums of some 6*l.* only. The Executive Committee of the German Hospital is evidently good, like its medical staff, and their mode of management of the funds might form a valuable example to more than one institution which we could name. The anniversary dinner of St. Mary's Hospital was held on March 22nd, the Duke of Grafton in the chair. During the past year nearly 18,000 patients were admitted. The hospital contains 150 beds, which number will be increased when the new wing is completed. The Great Northern Hospital has received

a valuable legacy of 2,000*l.* from the executors of the late Mr. Collings. In the provinces we have to note the annual meeting of the Governors of the Yeovil Infirmary and Dispensary. The number of patients under treatment in 1865 was larger than that in any previous year, and the medical report, read by Dr. Garland, not only demonstrated the value of this institution during the past year, but also held out hopes of more extended utility for the future. The late Mr. William Whitehead, of Dobcross, Yorkshire, has left 500*l.* each to the Blind Asylum and the Deaf and Dumb Asylum at Manchester, and 100*l.* to the Eye Hospital in the same town; he has also left 1,000*l.* to the Huddersfield Infirmary. Miss Tufnell, of Bath, has bequeathed a legacy of 300*l.* as well as the proceeds of the sale of her furniture, plate, &c., to the Bath United Hospital.

MEDICAL SOCIETY OF LONDON.—The following gentlemen have been elected at the ninety-third anniversary meeting, as the officers and council for 1866-67. President: Dr. Hare. Vice-Presidents: Dr. Gibb, Mr. Henry Smith, Dr. W. R. Rogers, and Mr. John Birkett. Treasurer: Mr. Marshall. Librarian: Dr. Head. Secretaries in Ordinary: Dr. W. Abbotts Smith, and Mr. Walter J. Coulson. Secretary of Foreign Correspondence: Dr. Julius Althaus. Council: Dr. Anstie, Dr. Broadbent, Mr. I. Baker Brown, Mr. Bryant, Dr. Cogswell, Mr. Victor de Mèric, Mr. Du Pasquier, Dr. W. Tilbury Fox, Dr. Samuel Day-Goss, Mr. C. H. Rogers Harrison, Mr. Ernest Hart, Dr. James Jones, Mr. Henry Lee, Mr. Francis Mason, Dr. J. W. Ogle, Dr. James Palfrey, Dr. J. H. Paul, Mr. W. F. Teevan, and Dr. E. Symes Thompson. Orator: Dr. F. W. Headland.

THE CHEMICAL SOCIETY.—At a meeting of the Chemical Society held lately Dr. Frankland gave the results of his analyses of the drinking waters of London during the several months of the year, the said investigation having been made at the request of the Registrar-General. Dr. Frankland discovered that the amount of solid impurities in London river water is always greatest in wet weather, also that the organic matter it contains is greatly increased during rain. The water was purest during the long drought of last summer, and most contaminated during the rainfall in the latter part of October. This increase in organic matter he attributes chiefly to the flushing of the sewers of those towns which drain into the Thames above Teddington Lock, and in the case of the New River and the Lea to the flow of rain water over highly-manured fields.

ROYAL COLLEGE OF SURGEONS.—Professor Huxley brought his course of lectures to a close on Wednesday last. The remaining portion of the College lectures will be delivered by Professor Hancock, about June next.

BRITISH PHARMACOPŒIA.—The publication of the new edition is delayed; but it is expected that it will be ready by the time the Medical Council meets in May.

MAGDALEN COLLEGE, OXFORD.—There will be an election at this college in April next to a Demyship in Natural Science of the value (room rent and tuition included) of 75*l.* per annum, and tenable for five years from the day of election. The examination will commence on April 17th. Particulars relating to the examination may be obtained by applying to the president or senior tutor.

PHAROAH'S SERPENTS.—It is stated that three young women who have been employed in making "Pharoah's Serpents," have been admitted into Lariboisière Hospital, Paris, suffering from dangerous symptoms. Their health, is permanently destroyed.

UNQUALIFIED MIDWIVES.—Mr. Humphreys, coroner for East Middlesex, lately held an inquest on a poor woman who had lost her life through the incompetence of two midwives. The evidence showed that the women had

engaged to attend the deceased in her confinement for six shillings ; that they regularly practised as midwives, but had gone through no course of instruction. They left the deceased in the midst of her trouble, though she called out to them pitifully that "she knew she was going to die." Finding the deceased was getting low, one of them gave her a powder, though she confessed she did not know what was in it. The husband considered both his wife and new-born child had been sacrificed through the neglect of the midwives, and medical evidence showed that with proper skill and attendance both might have lived. The coronor severely commented on the case, and said the stupidity of the midwives had lost the life of the deceased. He wished he had the power to send them to the treadmill for their conduct. The jury returned a special verdict, echoing this opinion, and regretting that the law did not allow them to send the women to trial for manslaughter.

POISONING BY CASTOR SEEDS.—On March 17th, Mr. Joshua Allen, residing at Poplar, was seized with violent vomiting and purging, accompanied with burning pain in the gullet and stomach, and all the symptoms of Asiatic cholera. Dr. G. C. Kernot, was immediately sent for, and found him suffering from irritant poison. Upon inquiries, he found he had been persuaded by a man in the docks to eat a few castor oil seeds, which at once revealed the cause of the illness. The unfortunate man lies in a very lamentable condition ; his recovery is extremely doubtful. It is not commonly known that the seeds from which castor oil is extracted contain in the embryo a very active poison, and that a few of them are sufficient to produce violent purging and death.

TRICHINISED MEAT.—In consequence of the alarm created by the announcement of deaths from trichinæ, the municipal councils of Lille, Marseilles, and other towns in France have resolved that the veterinary surgeons appointed to inspect the butchers' meat shall be supplied with microscopes for a more minute examination.

THE LATE DR. SPURGIN.—The profession and the public have to deplore the loss of this gentleman, who was beloved by all who knew him. He died from injuries received from the accomplices of a London thief, who robbed him in the public streets. Dr. Spurgin's kindness of heart, numerous acquirements and high moral tone, were universally recognised among his professional brethren, and his loss must be sincerely deplored. He was born at Bradwell, in Essex, and received his medical education in the then united schools of St. Thomas's and Guy's Hospitals. He graduated at Cambridge, and for many years enjoyed a very considerable practice.

UNIVERSITY OF CAMBRIDGE.—Mr. Edmund Carver of St. John's College, M.A., F.R.C.S., has been appointed by Professor Humphry to the recently created office of Demonstrator of Anatomy.

THE LONDON SURGICAL HOME.—His Royal Highness the Prince of Wales and her Royal Highness the Princess of Wales have sent twenty-five guineas each to this institution.

THE CHOLERA AT JERUSALEM.—During the raging of the epidemic in the holy city, the British Consul and the majority of his foreign colleagues remained at their posts, and, forming themselves into a sanitary committee, did as much as they could to help the sufferers attacked.

DOUBTS AS TO OZONE.—In a lecture lately delivered by Professor Frankland at the Royal Institution, he stated that the alleged presence of ozone in the atmosphere cannot be proved. If so, there is no evidence that atmospheric ozone has any effect on the prevalence or absence of infectious diseases, as commonly supposed.

SIR DOMINIC CORRIGAN, BART.—This gentleman has just retired from the position which he held as Physician to the House of Industry Hospital, Dublin, and has been succeeded by Dr. Lyons, one of the Professors in the

Catholic University, and Physician to the College of Maynooth, who was chosen by a majority of one.

THE SEWING MACHINE.—It is not generally known that the principle of passing and arresting the thread in Singer's sewing machine was taken from an instrument invented by a distinguished member of our profession, Mr. W. Rawlings Beaumont, of Toronto, an honorary fellow of the Royal College of Surgeons of England, who invented an ingenious instrument for passing sutures in vesico- and recto-vaginal fistula. Singer took his idea from Mr. Beaumont's instrument exhibited in the shop of Freeman, a surgical instrument maker in New York.

DANGERS OF THE STREETS.—No less than ninety persons injured by street accidents have been taken to Charing-cross Hospital within the last six months.

FIELD SURGERY.—Dr. Rennie, in his recently published "Bhotan and the Story of the Dooar War," calls attention to the necessity of giving soldiers instruction, in the smaller operations of field surgery, such as stopping hæmorrhage, &c. He illustrates this need by the death of Lieutenant Urquhart, who early in the attack on Dewangeri, had his femoral artery severed by a jingal bullet. He fell into the arms of one of his men, and bled to death before surgical aid could be procured, the sapper not knowing that by tying a handkerchief round the leg, immediately above the seat of the injury, and tightening it by passing his ramrod underneath, and turning it round once or twice, the bleeding might have been arrested, and the lieutenant's life spared.

THE CHOLERA CONFERENCE.—The Cholera Conference at Constantinople, held its seventh meeting on March 8th, when the report of the committee appointed to draw up the programme of proceedings was read by Dr. Naranzi, the secretary. It grouped the questions to be considered into four classes—1, the nature and origin of cholera; 2, its transmissibility; 3, the measures of prevention against it; and 4, the form to be given to the resolutions of the Conference. After some discussion this scheme was adopted as a basis for the investigations to be undertaken, and a general committee, consisting of three of the diplomatic and the whole of the medical members, was named to consider and report on the questions embraced within the first two of the above categories. The Conference then adjourned, and will not again meet until the committee has prepared its reports on these points.

SPURIOUS CARBOLIC ACID.—Mr. W. Crookes writes:—"The Cattle-Plague Commission have recommended carbolic acid as a disinfectant. A spurious article, composed of oil of tar, utterly valueless as a disinfectant, is now being imposed on the public. The iniquity of this fraud claims exposure. A commercial carbolic acid is soluble in from 25 to 70 parts of water, or in twice its bulk of a solution of caustic soda, while oil of tar is nearly insoluble. To apply these tests: 1. Put a teaspoonful of the carbolic acid into a bottle; pour on it half a pint of warm water; shake the bottle at intervals for half an hour, when the amount of oily residue will show the impurity. 2. Dissolve one part of caustic soda in ten parts of warm water, and shake it up with five parts of the carbolic acid. As before, the residue will indicate the amount of impurity."

SHEEPSTOR AND LYD RIVER UNITED MINES.—We beg to direct the attention of those of our readers who are interested in mining operations to the announcement of this company in our advertising columns. Unlike the majority of mines, these are not of a merely speculative character, as it has been conclusively shown by Mr. Siever, F.R.S., and other leading authorities on such subjects that the lodes contain an abundant quantity of valuable ore, and that the mines can be readily worked at a comparatively small expense.

PASS-LISTS.

UNIVERSITY OF LONDON :—The following candidates passed the late examination for the degree of Master in Surgery :—Andrew, Edwin, M.D., University College ; Deas, Peter Maury, M.B., University of Edinburgh.—*Examination for Honours* :—Deas, Peter Maury, M.B., (Scholarship and Gold Medal), Univ. of Edin. ; Andrew, Edwin, M.D., (Gold Medal) University College,

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 19th inst. the following gentlemen, were duly admitted to practise Physic as Licentiates of the College :—Burn, Joseph, Bourne ; Cribb, Henry, Bishop's Stortford ; De Tatham, Hamilton, 40 Dorset-square ; Edgelow, George, Kensington square ; Jackson, George, Plymouth ; Morrill, John, Guy's Hospital ; Webb, John Holden, St. Mary's Hospital.—At the same meeting the following gentlemen were reported by the examiners to have passed their Primary Examination for the Licence :—William Percival Magor Boyle, Guy's Hospital ; Henry Cheeseman, ditto ; Charles Gôte Gurdon, ditto ; James Robert Hill, St. Mary's Hospital ; William George Kemp, St. Bartholomew's Hospital ; George Welland Mackenzie, London Hospital ; John William Morris, Guy's Hospital ; Arthur Wolcot Nankivel, University College ; John Ockendon, St. Mary's Hospital ; John Robert Perkins, King's College ; John James Kidge, St. Thomas's Hospital ; Eldred Noble Smith, St. Mary's Hospital ; John Davies Thomas, University College ; William James Todd, King's College ; Arthur Tudor Humphreys Trevor, ditto.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College having undergone the necessary examinations, were admitted Licentiates in Midwifery, at a meeting of the Board on the 28th ult. :—Moxer, David Anderson, M.D., Turnham green ; diploma of Membership dated Nov. 16th, 1865 ; Pugh, Richard, Llandovery, South Wales ; July 25th, 1865 ; Rickard, Frederick Martyn, Stoke, Plymouth ; May 9th, 1865 ; Rickard, Henry, L.R.C.P.Ed., H.M.'s Ship "Wellesly," Chatham ; Dec. 6th, 1859 ; Sargant, Josiah, L.R.C.P. Ed., Limehouse ; Feb. 23rd, 1859.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Feb. 22nd :—Lloyd, Thomas Franklin, Finsbury-circus ; Owens, Edward Bathew, Sutton, Surrey ; Smith, Christopher, Paris ; Smith, Walter, Bognor, Sussex ; Tarleton, John Haigh, Birmingham ; Wyllie, Robert, Robin Hood's Bay, near Whitby :—As an Assistant :—Laslett, Alfred, Kent, Canterbury.—1st inst. :—Body, Henry M., Cheritone-Fitzpaine, Devon ; Dally, Charles Thomas, Leicester ; Fennings, Allen, St. Anne's road Notting hill ; Rogers, George Arthur, Queen-square ; Smith, William, Gorton, near Manchester ; Verity, Abraham Robert, Bridgend, Glamorganshire. The following gentlemen also on the same day passed their first examination :—Adams, George, E. D'arcy, King's College ; Wilkins, John Canning ; University College.—8th inst. :—Bush, Richard Hake, York-terrace, Regent's park ; Pugh, Richard, Llandovery, South Wales ; Rickard, Frederick Martyn, Stoke, Devonport, Devon ; Rugg, Robert, Dispensary, Stepney ; Wadd, Frederick John, Priory road, Kilburn. The following gentleman also on the same day passed his first examination :—Duke, Benjamin, Guy's Hospital. 15th inst. :—Bolt, Robert Andrew, Blackman street, S.E. ; Edmonds, Charles George, Southampton street, Camberwell ; Ellis, William Henry, Swavesey, Cambs. ; Ley, Richard, South Molton ; O'Neill, Patrick James, Canning Town, Essex ; Prince, Frederic Tickell, Sawston, Cambs. ; Pritchard, John Frederick, Southsea ; Smith, Henry Cecil, Kensington park gardens. The following gentlemen also on the same day passed their first examination :—Ash, Robert Vacy,

St. Mary's Hospital ; Stainthorpe, Thomas Edward, Middlesex Hospital.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following are the names of candidates who passed the examination on the 14th of March, as pharmaceutical chemists :—Alfred Barrowclough, Mirfield ; William Beckett, Heywood ; Robert Keevil, Clifton ; James John Owles, Great Yarmouth ; William Phillips, Newcross road ; Joseph Spencer Robinson, Alfreton ; Philip Stoneham, London ; Samuel John Weston, London.

MEDICAL APPOINTMENTS.

Adams, J., M.D., Medical Officer, Barnes district, Richmond Union, Surrey ; Althaus, J., M.D., Physician London Infirmary for Epilepsy ; Buck, H. J., L.R.C.P. Ed., Medical Officer, Kenley District, of Alcham Union, *vice* Willing ; Babington, Dr., B. G., Consulting-Physician to Hospital for Throat Diseases ; Bailey, J., Dispenser, Radcliffe Infirmary, Oxford, *vice* Dunwell ; Bodkin, C. P., L.R.C.S., Medical Officer, Western Division, Galway Dispensary district, Galway Union ; Bradley, J., M.R.C.S., House-Surgeon, Liverpool Northern Hospital, *vice* Armstrong ; Browne, C. W., M.R.C.S., Medical Officer, Kew District, Richmond Union ; Bell, Prof. R., Member Chemical Society ; Bracey, W. A., M.R.C.S., Surgeon, Birmingham and Midland Eye Hospital ; Buckingham, Dr., Medical Officer, 2nd District Cambridge Union, *vice* Ransom ; Budds, W. T., L.R.C.S.I., Apothecary and House-Surgeon, Cork South Charitable Infirmary and County Hospital, *vice* Grattan ; Cocks, B., L.R.C.P. Ed., Medical Officer, North-east District, Buntingford Union, Herts, *vice* Gaffney ; Cramer, F. A., L.R.C.P. Ed., Medical Officer, District No. 4, Martley Union, Worcestershire, *vice* Knife ; Clarke, F., M.B., Medical Officer and P. V. for Dunfanaghy Dispensary, &c., Co. Donegal, *vice* McLoughlin ; Calderwood, D., L.R.C.S., Medical Officer, 10th District, City of Glasgow Parish, *vice* Cannon ; Campbell, Dr. F., Member Anthropological Society ; Carver, E., M.B., Demonstrator Anatomy, University of Cambridge ; Collie, A., M.D., Assistant Medical Officer, London Fever Hospital ; Corfield, Mr. W. H., Member Chemical Society ; Crawford, W., M.D., Commissioner of Peace, Co. Waterford ; Darwen, J., M.R.C.S., Medical Officer and P. V. for District No. 6, Parish of Birmingham ; Davidson, A., M.A., Lecturer on Comparative Anatomy &c., Liverpool Royal Infirmary School of Medicine ; Dewson, F. S., Resident Dispenser, Queen's Hospital, Birmingham ; Ditchett, W. D., M.R.C.S., Medical Officer and P. V. South District and Workhouse Louth Union, Lincolnshire, *vice* Walker ; Dudley, J. G., M.D., Physician, North London Consumption Hospital ; Duffy, F., M.D., Medical Officer, P. V., and Registrar of births, Donaghmoynne Dispensary District, Carrickmacrass Union, Co. Monaghan, *vice* Keelan ; Dean, P. T., L.R.C.P. Ed., Medical Officer, District No. 2, Croydon Union, *vice* Ketley ; Evans, J. J., F.R.C.S., Medical Officer and P. V., Northern Division, District No. 2 of the Clifton Union, Gloucestershire, *vice* Mayor ; Farmer, J., M.R.C.S., Medical Officer and P. V., Cottesford District, Bicester Union, Oxfordshire, *vice* Dawson ; Farr, W., M.D., Treasurer Statistical Society ; Flower, F., M.R.C.S., Medical Officer, Bishopstone District, Wilton Union, *vice* Gordon ; Fox, C. B., M.D., Fellow Obstetrical Society of London ; Farrelle, W. K., L.R.C.P. Ed., House-Surgeon Belfast Union Infirmary, *vice* Newett ; Foster, B. W., M.D., Physician, General Dispensary, Birmingham ; George, C. F., M.R.C.S., Medical Officer, Blyborough District, Gainsborough Union, &c, Lincolnshire, *vice* Moxon ; Gowing, B. C., M.R.C.S., House-Surgeon, Whitehaven and West Cumberland Infirmary, *vice* Turner ; Gale, H. S., M.B., Medical Officer, Western District, Poplar Union ; Gibson, F. W., M.B., Assistant Medical Officer, Broadmoor Criminal Lunatic Asylum, near Wokingham, Berks ; Graham, B. G., M.R.C.S., Medical Officer, P. V. and Registrar of Births,

Marriages, and Deaths, Ederney Dispensary District, Lurgan Union, Co. Down, *vice* Macoe; Grier, W. G., L.R.C.P. Ed., Medical Officer, Workhouse and Fever Hospital, Granard Union, Co. Longford, *vice* Grier; Guy, W. A., M.B., Honorary Secretary of Statistical Society for 1866; Hawthorne, J., M.R.C.S., Medical Officer, District No. 4, Newcastle-upon-Tyne Union, *vice* Hawthorne; Hoare, W., M.R.C.S., Medical Officer and P. V., District No. 2, Parish of Birmingham; Henderson, R. W., M.R.C.S., Medical Officer, Rickmansworth District, Watford Union, Herts, *vice* Lewis; Hoare, W. P., F.R.C.S., Medical Officer, Workhouse, Dartford Union, Kent, *vice* Charlton; Irving, G. B., M.R.C.S., Medical Officer, Great Stanmore District, Hendon Union, Middlesex; Jackson, J., L.F.P., Medical Officer and P. V., District No. 4, Parish Birmingham, *vice* White; Jones, J. F., M.R.C.S., Medical Officer and P. V., District No. 5, Parish of Birmingham; Jamieson, W. A., M.B., Junior House Surgeon, Dispensary, Preston, *vice* Cameron; Kirby, W. H., M.R.C.S., Medical Officer and P. V., Dilwyn district, Weobley Union, Herefordshire, *vice* Crickmay; Leacroft, J. W., M.B., Medical Officer, Feckenham District, Alcester Union, Warwickshire, *vice* Dunn; Leeds, E., M.B., Medical Officer 6th and 7th Districts, Tunbridge Union, *vice* Procter; Moore, T., M.R.C.S., Medical Officer Marple District, Stockport Union, *vice* Club; Morris, J. C., L.F.P., Assist. Medical Officer N. Wales Counties Lunatic Asylum, Denbigh, *vice* Barker; Mucklow, T. C., Assist. Dispenser, Queen's Hospital, Birmingham; Morris, Dr. J., Medical Officer and P.V., Inkberrow Districts Alcester Union, *vice* Dunn; Mahony, E., M.R.C.S., Resident Junior Surgeon St. Pancras Union and Infirmary, *vice* Butt; Maurice, O. C., M.R.C.S., Assistant-Surgeon, Royal Berkshire Hospital, Reading; Meadows, A., M.D., Physician, Hospital for Women, Soho Square; Milburn, F. L., M.R.C.S., Assistant House Surgeon, General Hospital, Nottingham, *vice* Lethbridge; Morris, E. L., Medical Officer, Welcoyn District and Workhouse, Welcoyn Union, Herts, *vice* Bubb; Mitchell, T., M.B., Medical Officer, Redruth District, Redruth Union, Cornwall; Moxon, T. M.R.C.S., Medical Officer, South District, Great Yarmouth Parish, Norfolk, *vice* Stephenson; Nesham, T., M.D., Surgeon, Newcastle-upon-Tyne Lying-in Hospital, *vice* Watson; Newman, A., M.B., Medical Officer, Dartmouth District, Totnes Union, *vice* Burrough; Owen, T. E., M.R.C.S., Medical Officer, District 2, Totnes Union, Devon; Peirce, W., M.D., 2nd Assist. Medical Officer, Dorset County Lunatic Asylum; Pode, C., B.A., elected Radcliffe Travelling Fellow; Rowan, J., L.R.C.S., Medical Officer, Craignock Dispensary District, Riltrush Union, *vice* O'Flanagan; Rowe, S., M.R.C.S., Medical Officer, 4th District, Stroud Union, Gloucestershire, *vice* Turner; Roden, S. S., M.D., Medical Officer and P.V., Hanbury District, Droitwich Union, Worcestershire, *vice* Cramer; Reed, T. S., M.R.C.S., Medical Officer, Illogan District, Redruth Union, Cornwall; Roberts, J. T., M.B., Lecturer on Botany, Liverpool Royal Infirmary School of Medicine; Russell, J., M.R.C.S., Medical Officer, No. 1 District and Workhouse, Neath Union, Glamorganshire, *vice* French; Reed, W. H., M.R.C.S., Assistant Medical Officer, Derby County Asylum; Sers, R. H., M.R.C.S., Medical Officer, Calverton District, Basford Union, Notts, *vice* Osborne; Suckling, C. B., M.D., Medical Officer and P.V., District 3, Parish of Birmingham; Suffield, J. R., L.R.C.P., Medical Officer and P.V., District 1, Parish of Birmingham; Skinner, W., L.R.C.P., Medical Officer, North District, Sheffield Union, *vice* Allanson; Smith, W. Abbotts, M.D., Physician, North London Consumption Hospital; Snape, C., M.D., Medical Officer and P.V., Morchard Bishop District, Crediton Union, Devon, *vice* Bazley; Sturges, O., M.D., Physician, North London Consumption Hospital; Simpson, W., M.R.C.S., Medical Officer, Bolsover District, Chesterfield Union, Derbyshire, *vice* Moore; Speering, A., M.D., Medical Officer Antrim Workhouse, *vice* Taggart; Smith, A. R., M.D., Physician, General Infirmary, Hereford, *vice*

Gilliland ; Tunaley, R. J., M.R.C.S., Medical Officer and P.V., District 4 and Workhouse for Hoe poor, Norfolk, *vice* Colman ; Trimen, H., M.B., Fellow Linnæan Society ; Thomason, M.R.C.S., Visiting Surgeon, Hereford Dispensary, *vice* Smith ; Turnbull, G. W., M.D., Medical Officer, Amble District of the Alnwick Union, *vice* Duncan ; Turney, T. H., M.R.C.S., Medical Officer Sowerby District, Halifax Union, Yorks. ; Ure, A., F.R.C.S., Consulting Surgeon, London Infirmary for Epilepsy, &c. ; Wade, T., M.R.C.S., Medical Officer Mirfield Districts, Dewsbury Union, Yorks., *vice* Whalley ; Ward, J., M.R.C.S., Med. Officer, Penistone Workhouse. Yorks ; Waugh, A., L.R.C.P., Medical Officer, Midsomer-Norton District, Clutton Union, Somersetshire, *vice* Boodle ; Woodhouse, T. J., M.D., Physician, Hospital for Incurables, Wandsworth ; Woolmer, S. E., M.R.C.S., Medical Officer and P.V., District No. 2., Clifton Union, *vice* Mayer ; Webster, G. W., Member of the Chemical Society ; White, W. L., M.B., Assist. Medical Super., Royal Infirmary, Dundee, *vice* Cottie ; Williams, W. Rhys, M.D., Resident Physician at Royal Hospital of Bethlehem, *vice* Helps, deceased ; Willing, G. F. B., L.R.C.P., Medical Officer, P.V. and Registrar of Births, &c., Great Wakering, Rochford Union, Essex, and Surgeon, Coast Guard Great Wakering and Shoeburyness, *vice* White ; Worthington, J. V., L.R.C.P. Ed., Medical Officer, Garston District, West Derby Union, *vice* Evers ; White, W. L., M.B., Assist. Medical Super., Dundee Infirmary ; Wright, E., L.R.C.P. Ed., Medical Officer, 8 and 9 Districts, Southwell Union, Notts, *vice* Lilly ; Yates, G. J., Assist. Dispenser, Burlington street Dispensary, Liverpool, *vice* Evans ; Yorke, C. F., L.R.C.S.I., Surgeon, Constabulary, Grannard Co. Longford, *vice* Grier.

OBITUARY.

Atkinson, T. P., M.R.C.S., of Kilham, near Driffild, Yorkshire, on March 17, aged 51.—Arnold, J., L.R.C.P. Edin., of Liverpool, on March 10.—Boyd, H., M.D., of Argyle street, Glasgow, on Feb. 18, aged 54.—Board, W., M.R.C.S.E., at the Rectory, Burnham, on March 9, aged 55.—Bowden, A., M.R.C.S., of the 71st Light Infantry, off Port Philip's Heads, on Jan. 15, aged 45.—Davidge, M., L.R.C.S. Edin., of Clonmellon Co., Westmeath, on March 14, aged 40.—Fosbrooke, W. M. M., M.D., of the Old Kent Road, on Feb. 15, aged 50.—Goddard, S. P., M.D., at Park Hall, near Langton, Staffordshire, on March 1.—Gray, Wm., M.R.C.S., formerly of Oxford Hill, Norwich, on March 4, aged 35.—Hall, S., M.D., of Exeter on March 5, aged 63.—Jones, W., M.R.C.S., of Byrom street, Manchester, on March 3, aged 51.—Jeffrey, E., Surgeon, Royal Navy, at Sandwich, on Feb. 20, aged 75.—Leach, H., M.R.C.S., at Leigh, Essex, on Feb. 20, aged 36.—Law, Dr. J. D., at Liverpool, on Feb. 12, aged 33.—Lowe, J., Surgeon, at Coupar, Angus, on March 9, aged 84.—M. McGlashan, J., Surgeon, at Wilson street, Middlesbrough, on Feb. 15.—Morris, Dr. W., of Newbury, Berkshire, on Feb. 20, aged 31.—McNish, W., M.D., at Warriston, Crescent, Edinburgh, on Feb. 16.—McWhinnie, A. M., F.R.C.S., late of the Crescent, Newbridge street, Blackfriars, on Feb. 27, aged 58.—O'Reardon, Dr. J., at Mount Prospect, Killarney, on March 14, aged 90.—Pearson, H. W., M.R.C.S., at Hastings, on March 6, aged 29.—Paul, J. J., M.D., of Putney, on March 11.—Guarrell, Wm., M.R.C.S., at Torquay of consumption, on March 10, aged 25.—Sarasin, F. W., M.D., of Bâle, Switzerland, on Feb. 12.—Sankey, Wm., F.R.C.S., of Dover, on March 5, aged 76.—Tabrum, Wm., M.D., of Upminster, Essex, on March 12, aged 81.—Taylor, J., M.D., of Barnhill, Glasgow, on Feb. 16, aged 22.—Watters, H. B., L.R.C.P. Edin., M.R.C.S., at Islington, Liverpool, on March 1, aged, 31.—Winter, J., M.D., at Hampstead, on March 13, aged 34.—Wells, F. J., M.R.C.S., of Blythe, Nottinghamshire, on March 16.—Williams, J. M., M.R.C.S., of Bridgend, Glamorganshire, on March 1, aged 89.

THE MEDICAL MIRROR.

MAY, 1866.

ORIGINAL COMMUNICATIONS.

On Vascular and Aneurismal Growths and Tumours in the Orbit.
By W. SPENCER WATSON, F.R.C.S., Eng., Assist.-Surg., King's College Hosp., and the Central London Ophthalmic Hosp.

(Continued from vol. ii., page 670).

NOTWITHSTANDING the large number of cases illustrating this interesting subject, which have been put on record by different observers; very few can be arranged satisfactorily according to their pathology; partly because a large proportion of these cases have been so successful as regards the results of treatment, that no opportunity of verifying the diagnosis has been afforded; and partly because others, which have terminated fatally, have yielded evidence of such varying nature that it is almost impossible to find materials for comparison, or to carry out anything like a statistical inquiry in the subject. No two cases out of about forty cases which I have collected, present exactly the same features, either in the symptoms or the pathological conditions; at the same time there are some general points of resemblance among a considerable number to which it may be interesting to allude, and from which, probably, practical conclusions may be obtained.

In the first place there are about thirty-six cases of tumour recorded which agree as to the following broad characters: they are associated with protrusion of the eyeballs; they have a pulsatile movement perceptible to the eye or finger, or both; there is a bruit or whirring sound heard by the patient and by the stethoscopist; the pulsation and bruit cease when pressure is made on the carotid artery of the same side, and return when the pressure is removed.

It is obvious that a number of entirely different pathological conditions are compatible with the existence of such morbid phenomena as are here mentioned, and on analysing these cases, they will be found to include cases of true aneurism of the

ophthalmic artery; diffuse aneurism of the same artery; aneurism, true or diffuse, of the internal carotid in the cavernous sinus; aneurismal varix of the internal carotid; tumours of various kinds obstructing the return of venous blood through the sphenoidal fissure; malignant pulsating tumours in or behind the orbit; and general dilatation of the intraorbital arteries from atheromatous degeneration of the middle coats.

True aneurism of the ophthalmic artery within the orbit is in all probability the least common form of aneurismal lesion. In Mr. Guthrie's case it is mentioned that an aneurism was found in each ophthalmic artery of the size of a nut. At the same time he states that the ophthalmic vein was very much enlarged and was obstructed near the sphenoidal fissure by an hypertrophied condition of the four recti muscles, which had acquired an almost cartilaginous hardness. (Lectures on "Operative Surgery of the Eye," p. 158). In this case, though the eye was protruded and a bruit could be heard during life, no tumour could be felt.

The only other case in which true aneurism of the ophthalmic artery in the orbit was seen after death, was one mentioned by M. Carron du Villards, as having been met with by him accidentally while dissecting at the *École de Médecine*.

Diffuse aneurism of the ophthalmic artery, either spontaneous or traumatic, seems a much more common condition, but in many cases the mischief seems to be situated as much behind the orbit as within it; and in some it would appear that the symptoms during life are more due to pressure in the cavernous sinus and sphenoidal fissure, than to actual disease in the orbital cavity.

As an instance of a traumatic diffuse aneurism, the case related by Mr. Busk in the *Med. Chir. Review*, for April, 1836, is perhaps the most complete, and illustrates best the symptoms, treatment and pathology of the disease.

Mr. Busk's case at the London Hospital (Med. Chir. Review, April 1836).—A man had cerebral disturbance after a violent blow on the left temple. Copious bleeding from the ear followed, and deafness. The eyelids were swollen, the pupil dilated and the eye fixed and immovable. More than six months after the accident a pulsating tumour was found at the upper and inner part of the orbit. The common carotid was tied with immediate relief and ultimate cessation of all the symptoms. Some years after a *post-mortem* examination was made, and an old rupture of the ophthalmic artery was found.

This case seems conclusive as to the nature of some, at any rate, of the cases of pulsating tumours in this region, and several similar cases following injuries, seem to confirm the same view of their pathology. A case read by Sczokalsky, at the Heidel-

berg Ophthalmological Congress, was probably of exactly the same nature. (*Ophthalmic Review*, vol. ii., p. 188.)

Case by Sczokalsky.—A man, fifty years of age, while chopping wood, received a violent blow on the left temple from a splinter. The left eye was protruded at the end of a few weeks, and a softish indistinctly pulsating tumour appeared on the left temple.

Between the eyeball, and the upper and outer margin of the orbit, a flat tumour was felt reaching deep into the orbit. The two tumours being superficially separated by the edge of the orbit; both pulsated and pressure on the carotid stopped the pulsation.

The treatment at first tried was compression by the finger on the carotid, with the addition of ice-cold applications, and digitalis internally. This plan not succeeding, the common carotid was tried, digital compression having been employed for eight hours previous to the operation. Three months after the aneurismal tumours had become softer and smaller, and the protrusion of the eye less.

Instances are not wanting of cases of aneurism involving the internal carotid and ophthalmic artery, and it is probable that they form the larger number of the cases of pulsating tumours in the orbit.

The following particulars are related by M. Girandet, of Tours, of an aneurism involving the internal carotid and ophthalmic artery (*Gazette des Hôpitaux*, 7th March), 1857, and will throw light on the pathological conditions of many of the cases in which the state of the structures involved could only be guessed at. "On raising the right anterior lobe of the brain, we discover an irregular, oblong, nodulated tumour, situated above the cavernous sinus. The colour is of a red brown, mingled with yellowish spots, its volume measures four centimetres by two-and-a-half. The right ophthalmic artery enlarged into the form of a funnel, is continuous with the anterior aspect of the tumour. The latter having been divided, and the clots turned out, the two funnel-shaped openings of the carotid and ophthalmic arteries are seen, establishing a communication with the aneurismal sac. The sac has only one cavity, the thickness of its walls varies from two to three millimetres. The cellular coat of the artery adheres closely to the surrounding vessels. The middle coat is thickened; a slight magnifying power discloses numerous laminae of transverse fibres. Between this coat and the inner coat we find a large number of little osseous lamellæ of a blue-yellowish colour, the inner coat is marked with red and yellow marks in two different places. It is completely worn away and destroyed, and the osseous plates are in direct contact with the interior of the cyst.

Among the clots which the tumour contains, some escape at

the time of the incision ; others are closely united and arranged in concentric layers. The right optic nerve is flattened like a ribbon, displaced and bound to the under surface of the tumour ; the motor oculi nerve, and the ophthalmic branch of the 5th, are also thinned and compressed at the base. The cavernous sinus is obliterated ; the clinoid processes have entirely disappeared ; the commencement of the roof of the orbit is stripped of periosteum and *vuginè* for the extent to two centimetres."

An account of the dissection of the orbit in a similar case is given in the *Pathological Transactions*, vol. xi., p. 8, by Mr. Nunneley, and the conditions in the two cases offer a very remarkable resemblance. Those pulsating tumours which come on suddenly in the orbit, especially when occurring in the course of pregnancy, or during any rather violent exertion, may be looked upon as of the nature of diffused aneurism, differing only from those of traumatic origin in having been preceded by a diseased artery or true aneurism. These are what Demarquay describes as diffuse consecutive aneurisms as distinguished from diffuse primitive aneurism, or those not preceded necessarily by disease of the coats of the artery involved. Dalrymple's case of a pregnant woman forty-four years of age, who had sudden pain and noise in the head, followed by a pulsating tumour which receded after ligature of the carotid is a good instance.

A case related by Mr. Nunneley in vol. xvii. p. 168 of the *Med. and Chir. Transactions*, is especially interesting, as the diagnosis was confirmed in a remarkable manner by an autopsy five years after the disease had yielded to the ligature of the common carotid.

In this instance there had been during life, besides the other common symptoms of aneurism, paralysis of all the extrinsic muscles of the eyeball, and the seat of the tumour was thought to be in the cavernous sinus from this circumstance. This proved to be the case ; for a circumscribed aneurism was found on the side of the sella turcica, filled with solid coagulum and pressing upon the ophthalmic vein.

Mr. Nunneley, from this and other cases, draws the conclusion that pulsation in orbital tumours may be a merely communicated pulsation from an intra-cranial aneurism to an enormously dilated ophthalmic vein ; and from cases that have been reported elsewhere, such an explanation seems very probable, and to be justified by facts that have been brought to light.*

This consideration explains some cases which have been very puzzling to the surgeon, of *simulated aneurism* in this region.

* It is, however, remarkable that in the case, to explain which Mr. Nunneley makes these observations, there was aneurismal dilatation of the arteries in the orbit, sufficient, if the drawing be correct, to account for the symptoms. Vide *Pathological Transactions*. vol. xi. p. 8.

Thus, Gendrin relates the case of a woman thirty-two years of age, who was attacked by sudden pains in the head, and protrusion of the eyeball. Pulsation and bruit both distinct. After death the intra-orbital veins were found distended with blood, but there was no extravasation. In the interior of the cavernous sinus the internal carotid and ophthalmic arteries were surrounded by an adherent blood-clot. Their inner wall presented various alterations—the greater part of the arteries of the orbit were obliterated. Here, as in Mr. Nunneley's case, the pulsation felt in the orbit must have been communicated.

The following case also, anterior in point of time to those already related, illustrates the same point.—*Ophthalmic Hospital Reports*, vol. ii., p. 6 :—

The woman, æt. forty years, under the care of Mr. Bowman, at King's College Hospital, complained of a sudden loud noise in her head after a blow with the fist.

She had double vision, redness and protrusion of the eyeball, dilated and immovable pupil, and enlarged veins at the outer and inner canthi. Pulsation was felt over the eyelids.

The common carotid was tied, and the pulsation and bruit immediately ceased, and for a week there seemed every chance of the case proving a successful one. Phagedænic ulceration, however, followed by hæmorrhage, led to a fatal termination eighteen days after the operation.

When the parts came to be examined, no trace or appearance of an aneurism could be discovered, but there were evident signs of "phlebitis of the cavernous, transverse, circular, and petrosal sinuses. The internal carotid artery may have been partially compressed by the swollen walls of the cavernous sinus against the side of the body of the sphenoid bone, giving rise to the bruit, which would have a good conducting medium in the cranial bones. The plugging of the trunk of the ophthalmic vein, where it joins the cavernous sinus, by obstructing the return of blood from the orbit, accounts for the protrusion of the eyeball, and perhaps also for the pulsation which was felt when the fingers were laid on it."

These remarks were made by Mr. Hulke, who reports the case, and to him, therefore, is due the credit of making out this important point in the pathology of intra-orbital tumours, the cases adduced by Mr. Nunneley having in a striking manner confirmed his views.

The difficulty of exactly appreciating the nature of the intra-orbital growth is well illustrated by another case related by Mr. Nunneley in *Med. Chir. Transactions*, vol. xlviii., p. 21, in which a highly vascular malignant growth was treated by ligature of the carotid, with temporary relief of the symptoms. The eyeball receding and the pulsation being less marked. Death occurred eighteen months after, and a tumour of the nature of

medullary cancer was found occupying the post-orbital region of the cranium, passing into the orbit and zygomatic fossa, and pressing upon the cavernous sinus and ophthalmic vein.

A parallel case is recorded by Demarquay as having occurred to Mr. Lenoir (*Bulletins de la Société de Chirurgie*, t. ii., p. 61 and 84).

The tumour was treated as an aneurism by ligature of the carotid, after which pulsation ceased and the tumour diminished in size. Two months after, a pulsating tumour appeared in the calf. Death occurred nine months after the ligature of the carotid; when encephaloid tumours in the brain, in the calf of the leg, and in the lungs were found.

Having, however, brought forward so many cases of difficulty, the practical aim which I have before me would be entirely overlooked were I not to endeavour to lay before my readers a succinct statement of what symptoms may be expected in an uncomplicated case, and that some have occurred and are likely to occur again there can be no doubt, though in very few will there be such simplicity and clearness as would satisfy those who look for the precision of the printing press in the pages of nature, rather than the faint outlines left in the sand by the finger of the unseen Master.

An uncomplicated diffuse aneurism is very frequently the result of an injury to the orbitar or temporal region, or to the base of the cranium. Where there is no history of external injury, the attack of pain and noise in the head with which the symptoms are ushered in, has been sudden and has been observed to occur in pregnant women or during child-birth in a large proportion of cases.*

The immediate effect is to produce swelling and ecchymosis of the lids and surrounding parts, and this is followed sooner or later (it may not occur for months after), by protrusion of the eyeball, a pulsating tumour near the eyeball, and a whirring bruit heard over the temporal region or brow by the aid of the stethoscope. Pressure made on the carotid of the same side stops the pulsation, which recurs when the pressure is removed. The patient complains of a beating or humming noise in the head, and in some cases this noise can be heard by others at some little distance from the patient.

The protrusion of the eyeball increases gradually, and in all probability the expanding tumour would at length burst, leading

* Thus, of thirty-four cases of aneurismal tumours in or about the orbit, tabulated by Dr. T. G. Morton, of Pennsylvania, thirteen are directly attributed to injuries received, and six occurred either during pregnancy or during childbirth.—(*American Journal of Medical Sciences*, April, 1865.)

And in two other cases not tabulated, by Dr. Morton, the origin of the disease in each case was injury.—(Holmes, *American Journal of Medical Sciences*, July, 1864.)

to a fatal hæmorrhage, unless art stepped in and arrested the morbid process. The only case in which fatal hæmorrhage occurred was one of aneurismal varix of the cavernous sinus, the rupture occurring during a period of the intermission of treatment by compression of the carotid. (See a case of M. Nélaton's, related by Dr. Holmes in the *American Journal of Medical Sciences*, for July, 1864, at page 46).

Whether an ordinary diffused aneurism of the orbit has ever been known to terminate in this way, is of very little consequence; the mode of termination of the same disease in other parts being well known; and there being no reason for expecting any difference in its progress in this locality.

It is remarkable, however, that treatment by ligature of the common carotid and by compression with the finger of this artery should have been so often successful in checking the progress of a disease which, in other parts of the body, is not usually controlled by the same method; and this consideration throws considerable doubt on the diagnosis in those cases in which the operation has been successful, and makes it probable that true aneurism has been present, and not a diffused aneurism, or that, at any rate, the diffused aneurism has become encysted and so assumes some of the characters of a true aneurism, and among those its amenability to treatment by ligature of the main vessel. It is easy to conceive that the firm fascia of Tenon's capsule in front, and the attachments of the recti muscles behind, would form such barriers to the extension of effused blood, that after a clot had once formed, it would offer considerable resistance to the impulse of an artery of so small a calibre as the ophthalmic, and that an aneurism in this cavity would be under conditions somewhat different from those of one in a popliteal space or in Scarpa's triangle. In those spaces, and in others along the chief arteries of the limbs, the fascia of the limbs would only limit the extension of effused blood forward, while neither their own sheath nor the fasciæ would, in any way hinder an extension in the direction of the long axis of the limb. On the other hand it may be said that in tying the common carotid the treatment is equivalent to tying the arteries supplying both ends of the divided or ruptured vessel, and that it cannot be compared to simply tying the superficial femoral for an aneurism in the brain. Such an argument, however, is open to the objection that the anastomosis with the arteries, on the other side of the head are very free and perhaps as much likely to interfere with success as the anastomosis of the profunda femoris with the recurrent and other branches of the popliteal.

The *sudden* attack of pain and noise in the head will suffice to distinguish a case of this kind from the pulsating malignant growths, and these seem the only ones likely to be confounded

with them. I have, however, already mentioned an instance in which the diagnosis from abscess was only cleared up after making a puncture into the tumour, and it is well to bear in mind cases that have been recorded of aneurism by anastomosis in the orbit (see Haynes Walton "On Surgical Diseases of the Eye," second edition, p. 230), and the dissection of a case by Mr. Nunneley (*Pathological Transactions*, vol. xi., p. 8), in which, from the drawing given by him, there seems to be a general dilatation of the ophthalmic artery and its branches.

The symptoms of aneurism of the internal carotid in the cavernous sinus may resemble, in some respects those of aneurism within the orbit, but will most likely be accompanied by others, such as disturbances of the cerebral functions; paralysis of the motor apparatus of the eye from pressure on the nerves at the sphenoidal fissure; and if the tumour does not invade the orbit no pulsation would be perceptible, so that the difficulty of diagnosis would be lessened. A case related by Mr. Hussey, of Oxford, in the *Ophthalmic Hospital Reports*, vol. ii., p. 127. well illustrates the difficulty of diagnosis of such cases; the disturbance of functions of the brain—*e.g.*, paralysis of the arm and convulsive attacks, and the co-existence during the latter part of the life of the patient, of hæmorrhages from the nose, seemed to indicate a tumour of a malignant kind in the cranial cavity invading the cerebral tissues through the sudden occurrence of the symptoms during a somewhat violent exertion favoured the hypothesis of an aneurism of the internal carotid in the cavernous sinus. In the absence of a post-mortem examination this very interesting case remains of doubtful nature.

The treatment of aneurism of the orbit has been, it would appear, very successful, whether ligature of the common carotid has been adopted or digital pressure, or injection by astringents or internal remedies.

Dr. T. G. Morton, of Pennsylvania (*loc. cit.*) has collected thirty cases in which the common carotid artery was tied for aneurism, or supposed aneurism, within or near the orbit, and of these twenty-two are reported as cured, and three as partially successful: two were unsuccessful and three fatal.

Dr. Morton has tabulated four other cases, two successfully treated by injection of styptics and two, equally successful, treated by digital compression.

And Dr. Holmes (*American Journal of Medical Science*), has related a case successfully (*loc. cit.*) treated by the administration of extract of ergot and tinct. of the veratum viride, or in which, at any rate, the patient recovered perfectly during the administration of those remedies.

A case, treated by compression is also related by this gentleman, but with a fatal result during a period of intermission of

the treatment. So that, out of thirty-seven patients treated by different methods (*vide* table), twenty-nine perfectly recovered, three more were relieved, two remained as they were before, and three died.

	Operator.	Date.	Ligation.	Result.	Origin.
1	Travers	1809	Common Carotid	Cured	Sudden, during pregnancy
2	Dalrymple	1813	ditto	Ditto	Ditto
3	Roux	1829	ditto	Success incomplete	Sudden and spontaneous
4	Warren	1829	ditto	Cured	Ditto
5	Warren	1829	ditto	Unsuccessful	Injury
6	Scott	1834	ditto	Cured	Ditto
7	Busk	1836	ditto	Ditto	Ditto
8	Dudley	1839	ditto	Ditto	No observable cause
9	Jobert	1839	ditto	Ditto	Injury
10	Velpeau	1839	ditto	Ditto	Sudden and spontaneous
11	Wood	1842	ditto	Ditto	Congenital
12	Mott	--	ditto	Success incomplete	Ditto
13	Van Buren	--	ditto	Cured	Injury
14	Herpin	1844	ditto	Ditto	Sudden and spontaneous
15	Petrequin	1845	ditto	Died	
16	Nunneley	1852	ditto	Cured	Injury
17	Nunneley	1856	ditto	Ditto	Slow, during pregnancy
18	Nunneley	1858	ditto	Died	Sudden and spontaneous
19	Nunneley	1859	ditto	Cured	Injury
20	Walton	1851	ditto	Ditto	Congenital
21	Brainard	1852	ditto	Unsuccessful	
22	Curling	1854	ditto	Cured	Injury
23	Coe	1855	ditto	Ditto	Ditto
24	Bowman	1859	ditto	Died	Ditto
25	Bowman	1860	ditto	Cured	
26	Syme	1861	ditto	Ditto	
27	Hart	1861	ditto	Ditto	Injury
28	Morton	1864	ditto	Ditto	Sudden, during pregnancy
29	Nunneley	1864	ditto	Ditto	Injury
30	Nunneley	1864	ditto	Successful in arresting protrusion. Patient lived 18 months.	Spontaneous
31	Bourget		Treated by injection	Cured	
32	Walton		ditto	Ditto	Sudden, during childbirth
33	Gioppi	1856	Treated by compression	Ditto	Sudden, after childbirth
34	Scaramuzza	1858	ditto	Ditto	Injury
35	Holmes	1864	Treatment by Ext. Sec. Comut and Tr. Veratr.	Cured	Injury
36	Nelaton & Desmanes	1855	Compression with tourniquet	Death from bursting of aneurismal varix of the cavernous sinus	Injury
37	Sezokalsky (<i>Ophthalmic Review</i>), vol. ii. p. 188.	1864 or 3	(1) Digital compression and ice. (2) Three months later ligation of the carotid	Success lasting for three months at least	Injury

Neuro-Dynamic Medicine. By E. HAUGHTON, M.D., Great Malvern.

DEFINITIONS.

Disease is a manifestation or phase of life, characterised by excess, diminution, or perversion of vital action, or, in other words, by alteration in the *rate* of evolution of the vital force—its absolute *quantity*,—or its mode of distribution.

A *remedy* may consist of anything or any power in nature capable of altering the existing state of the organism without inflicting permanent injury: but nothing is a remedy except it stands in a special relation to the sum total of actual conditions.

Vital resistance is the reaction of the nervous energy against all agents which tend to alter the present condition of the body, and is itself one of the most important elements in by far the largest proportion of recoveries which take place.

Nervous equilibrium is that condition of a living creature in which each and every organ receives an amount of vital force from the nervous tissue which supplies it, proportionate to its actual necessities, and to the total amount evolved within the organism.

The *neuro-dynamic law of healing* affirms that in order to cure disease, it is necessary—1, to increase the actual amount of vital force continuously evolved; 2, to regulate functional periodic changes; and, 3, to restore the equilibrium of the nervous system.

There are, therefore, two apparently opposite ways of dealing with disease—viz., 1, that which raises the vitality by removing the symptoms; and 2, that which removes the symptoms by raising the vitality.

In like manner pathology has three principle aspects:—

1. As it affects vital action.
2. As it affects the fluids.
3. As it affects the solids of the body.

Giving rise to three schools of medical philosophers—viz.; the *Vitalists*, the *Humouralists*, and the *Solidists*.

Or, as the rival parties are most nearly represented in the present day—

- The Homœopathists;
- The Hydropathists; and,
- The Allopathists.

The first of these attach most importance to the combatting of present symptoms. The second to the elimination of morbid matter from the system. And the third to the removal of

morbid deposits, and the checking of structural changes. It is worthy of note, however, that the homœopathists, besides being vitalists in theory (in which respect they are perfectly right), have superadded a rule without a reason in the dogma "*similia similibus curantur*," or like things are cured by like. It is highly rational to suppose that changes in the material composition of the blood and solid tissues of the body are almost invariably preceded by some excess, diminution, or perversion of vital action ; so that we are justified in regarding pathological changes of structure as results rather than causes of disease, which may even be removed without necessarily leaving the patient in a better condition. Nor can we suppose that the blood can be much corrupted without previous imperfection of function on the part of one or more of the principal organs of elimination.

It is plain, therefore, that a true and catholic system of medicine must not only include every known remedy in its own proper place, but must recognise the part played by the nervous system both in the supervention and the removal of disease. There is, moreover, no one of the forces at work in external nature which has not its counterpart within the body, with the addition of a kind of force properly denominated "*vital*," and which differs in some respects from electricity or any other of the physical forces. Nevertheless, this vital force is so closely related to the other forces of nature that there is reason to believe that it has its source entirely in the affinities which bind together the elements of the food and drink which we take into our bodies, and the action of the oxygen of the atmosphere upon the materials which it meets with in our blood.

Whether, therefore, we fix our attention upon the condition of the organs, the blood, or the nervous system, we must be prepared to recognise in every living creature a special organization, whose condition determines the effect of certain stimuli, and which itself depends upon certain conditions for the maintenance of its existence.

Moreover, life being a dynamic condition, so also is disease ; and everything which is to alter this condition must be either itself a force, or capable of modifying or directing force in some way or other.

In accordance with this view, a tabular list of remedies is annexed, classified on a different plan from any yet brought forward :—

and importance of the structures torn, and the suddenness of the extravasation. It may amount only to a momentary weakness of the limbs and confusion of the intellect, or it may have a considerable share in the production of the unconsciousness of an apoplectic attack. Except in a rapidly fatal case, however, these effects soon pass off and the symptoms due to pressure and injury to nerve fibres may be estimated.

2. *Pressure*.—The most characteristic effect of this is *loss of consciousness*, with dilated pupils and stertor; and the degree and duration of the coma may be taken generally as indicating the amount of blood effused. The absence of this sign of pressure is often a means of distinguishing between softening and hæmorrhage, but this is a point into which I do not intend to go. An important reservation must be made in the general statement as to the relation between the loss of consciousness and the amount of hæmorrhage in the case of the pons and medulla, where a clot of very limited size may cause the most complete apparent unconsciousness. There is reason to believe, however, that it is not of the same character as the ordinary form of coma, but rather a loss of the power of manifesting consciousness than abolition of this faculty.

Pressure effects within the cranial cavity are often attributed to obstruction of the circulation, but it would seem that any force capable of compressing the capillaries so as to prevent the flow of blood through them, would suffice to displace the contents of the delicate nerve tubules of the centres and interrupt their function. This, at any rate, seems to be the mode of production of another effect of pressure, *paralysis* with rigidity, which is sometimes met with in a greater or less degree when blood is extravasated in a situation where it may compress or stretch without rupturing the fibres of the motor tract. When these fibres are torn across—probably, also, when there is a degree of pressure equivalent to rupture—there is paralysis with relaxation. If they are “irritated” (to use a vague expression) without being divided, there is rigidity. The kind of irritation to which a blood clot may give rise,—compression or stretching—is most commonly produced by hæmorrhage into the ventricles or arachnoid, but may occur whenever the situation of the clot is such as to press upon and displace the fibres of the motor tract. The rigidity thus produced is fugitive and is not to be confounded with the persistent rigidity attending red softening.

3. *Lesion of Structure*.—This is shown by persistent loss of function when the effects of pressure have passed away, as they do, except in extreme cases, by the power which the nervous centres possess of accommodating themselves to the presence of the effusion.

As coma furnishes the measure of the effusion, so paralysis

commonly indicates its seat, but loss of motor power or of sensation by no means universally accompanies cerebral hæmorrhage. It is produced only by injury direct or indirect to a limited portion of the encephalon, the sensory, and motor tract, which extends from the thalamus and corpus striatum along the crus and through the pons to the medulla oblongata and cord. Its frequency is due to the fact that the sensori motor ganglia, the corpora striata, and thalami are the most common seats of hæmorrhage.

The function lost is that of the part in which the hæmorrhage occurs. When it takes place into the substance of the cerebral hemisphere, then, without involving the central ganglia or their communications with the cord, we have in addition to pressure effects some affection of the intelligence. In slight cases this may be so little evident as not to be detected; in very extensive extravasation the symptoms due to the local injury may be masked by coma, but the diagnosis may be made in a few intermediate cases. Any paralysis which may be present is due to pressure upon or other affection, direct or indirect, of the sensori motor ganglia or tracts.

When the corpus striatum is the seat of the hæmorrhage, there will be motor paralysis of the limbs, tongue, and face, of the opposite side.

When the thalamus, or thalamus and corpus striatum together, Motor paralysis as before, with a greater or less degree of loss of sensation in the entire opposite side.

From these bodies the crura cerebri pass downwards through the pons to the medulla and cord, the external fibres leading from the corpus striatum constituting the motor, the central softer and greyer portion connected with the thalamus, the sensory tract. In these tracts we have implanted some of the cranial nerves, and these becoming involved in any injury to the parts they traverse often enable us to indicate its precise seat.

When the hæmorrhage has taken place into the crus cerebri we have motor and sensory paralysis of the opposite side in a degree ing with the situation and amount of the extravasation, and as vary the third nerve will probably be involved, paralysis of this on the same side as the lesion, *i. e.*, on the opposite side to the hemiplegia.

In the pons, unless the hæmorrhage is very limited, the lesion is bilateral. If confined to one side, there will be motor or sensory paralysis, or both, of the same side of the face and of the opposite side of the body—cross paralysis—or hemiplegie alterne. But here there is not necessarily the relation between the loss of motor power and of sensation observed in common hemiplegia; it may be reversed, and motion remain while sensation is profoundly impaired. And there may be great differences in the facial paralysis according as the fifth or seventh nerves, which

have their implantation in the pons, are separately or conjointly, slightly or extensively, implicated. The pupil also is usually contracted.

The symptoms of cerebellar hæmorrhage are obscure. They have been given as giddiness, loss of co-ordinating power, vomiting, occipital pain, coming on suddenly and persisting without paralysis or affection of intelligence; none of these singly are peculiar to hæmorrhage in this situation a combination of them would be suggestive of this accident.

* CASE I.—*Stupor and delirium with no paralysis coming on after emotional excitement. Death on 8th day. Extensive hæmorrhage into substance of left hemisphere of cerebrum.*

E. A., æt. twenty-four, a servant-girl, admitted Sept. 29th, 1860. She was in perfect health up to Monday, Sept. 24, on which day she had leave of absence, and went with other young women to the British Museum. She there met her sweetheart in company with another woman, and was told that their engagement was at an end. A most violent scene ensued, in the course of which the young man tore from her shawl a brooch containing his portrait. Next day she fretted very much, and on Wednesday morning became delirious and violent. She was brought to St. Mary's on the 29th, after having had leeches to the head and other treatment. From the Wednesday the 26th, she had been in a state of stupor and was in this condition when admitted. The face was dusky, the expression dull and heavy. She evidently heard and saw, but all the mental faculties were oppressed. There was no paralysis. Pulse 60; surface cool; tongue dry, coated, and sticky. On the 30th she was in much the same state, but had been very noisy all the night; the extremities and surface of the body generally were cold.

Oct. 1st.—Quiet during the night, but delirious when seen, taking no notice of anything; not answering when spoken to, but going on talking. No paralysis, and no distortion of the features.

Oct. 2nd.—Became rather suddenly completely comatose and died. The house-surgeon stated at the *post-mortem* that on this day he had noticed the mouth to be slightly drawn to one side.

Post-mortem Examination.—The convolutions appeared to be slightly flattened, and the surface of the hemispheres was paler and the veins less full than usual. Brain substance firm and pale; in the left hemisphere external to the thalamus and corpus striatum and slightly above their level, was found a very large recent clot. It slipped out of the cavity during examination, but was estimated to weigh at least an ounce. The lateral ventricle of this side was empty, that of the right side contained a little clear fluid.

I made a *post-mortem* examination on another case in which

a large clot was found in the right hemisphere of a girl of twenty-two. She was suffering from anemia and general weakness. Symptoms suddenly came on which were at first thought to be hysterical: she lay in a half-conscious condition, and when disturbed peevishly asked to be left alone. The stupor deepened into coma, and she died in less than twenty-four hours.

I have also met with an old clot, the size of a large nut, in the right hemisphere of a man aged about forty, who died from uræmic poisoning, in whom there had never been any head symptoms which could be attributed to it.

CASE II.—*Severe persistent occipital cephalalgia, with paroxysms; exacerbations from light, sound, or motion; continuous vomiting. Sudden death after exertion of standing. Death about 14th day. Extensive hæmorrhage into left hemisphere of cerebellum.*

M. A. W., æt. twenty, nurse. Admitted into St. Mary's Hospital. February 8, 1861,

Feb. 9th.—She had previously enjoyed pretty good health, but was subject to headache; says the present illness came on as a sick head-ache about a fortnight since. For two or three mornings in succession, as soon as she moved to get out of bed she had severe pain in the head, and became dreadfully sick. Since January 31st the pain in the head has been much worse, "worse and worse every day," and she has vomited everything. The bowels have been rather confined. She lies on the right side, her head bent forward, her knees drawn up, and the eyes closed. When spoken to she answered in a whisper, and did not dare to move from the fear of bringing on a paroxysm of acute pain. The eyes were closed even when answering questions, and her replies were given in a tone expressive of weariness and a wish to be left alone. Light was painful, and noise distressing. Her sight was good; the state of the pupils was not observed, as they could not be seen as she lay, and any disturbance gave her very great pain. For the same reason the chest and abdomen were not examined.

Severe headache was always present, extending from back to front over the top of the head; most severe in the occipital region. Any movement or disturbance would bring on an attack of extreme pain, during which she moaned loudly and grasped the bedclothes or any object near at hand. Sometimes these paroxysms would come on suddenly without any apparent exciting cause. She constantly had one hand on the forehead, and during the paroxysms would often place the other over the occiput. Pulse 60, weak, small, hesitating, irregular; respiration 16; skin cool; nothing but tea stays on the stomach, everything else, medicine included, at once vomited, and she is often sick when there is no food on the stomach.

She remained in this state for three days and died suddenly, immediately after having been out of bed and standing alone.

Post-mortem Examination.—The lateral and third ventricles of the brain contained a large amount of clear serum; there was no softening or evidence of inflammable action.

The left hemisphere of the cerebellum was large and soft and in its substance was found a clot of about the size and shape of a large walnut, but rather more flat from above downwards. It was black and soft, nearly equidistant from the surface of the hemisphere at every point, and it bulged into the fourth ventricle, but had not ruptured the lining membrane. Abdominal and thoracic viscera healthy.

CASE III.—*Sudden, profound, and prolonged loss of consciousness. Right hemiplegia with relaxed muscles and considerable diminution of sensibility of paralysed side. Intelligence affected. Gradual improvement up to the 14th day, then sudden coma and death. Hæmorrhage into left thalamus and corpus striatum bursting into lateral ventricle.*

T. M., æt. fifty-five, zinc worker, admitted into St. Mary's Hospital on Nov. 15th, 1859, at 4 p.m. Habits temperate. Had been subject to rheumatic gout, and within the last two years had had three fits of an epileptoid character.

Four days before his admission (Nov. 11th), while working on a roof, was picked up in the rain-gutter insensible. He was let down by ropes and taken home, where he lay in a state of stupor snoring and loudly. He was roused with great difficulty and then answered incoherently, the right side was "useless," but never rigid.

On the 12th he had a purgative pill and draught, on the 18th he was cupped at the nape of the neck and bled from the arm, not freely however; in the evening of the same day a blister was applied to the neck.

When first seen at the hospital he gave a totally different account of the attack, stating that it had happened only the day before.

His condition, on November 16th, was as follows:—Quite conscious, restless, trying often to change his position, moaning constantly. He seemed to understand the questions put to him, but his answers were so indistinct as to be scarcely intelligible. No ptosis. No impairment of vision. No affection of pupil.

The mouth was drawn very slightly to the left, that angle was more open and the lips on the left side moved more in speaking.

The tongue was protruded decidedly to the left, but often, at first, went a little to the right.

Right arm completely paralysed as to motion and quite re-

laxed, sensation almost totally lost. Sensation also greatly diminished over the right side of the chest. Right leg weak but not so completely paralysed as the arm.

He complained of pain in the abdomen and head, and when asked to indicate the seat passed his hand all over the front of the head. Pulse 96; tongue rather dry; bowels open, and he *will* get up to evacuate them.

On the 17th I found he had been very restless, and had fallen out of bed three times during the night. In addition to the points mentioned it was noted that the right ala nasi and angle of mouth were a little drawn down and on whistling the air escaped at this side of the mouth though the left was habitually the more open of the two. The right side of the face had less expression, and the left had the wrinkles deeper. The right wrist pulse was the stronger.

He did not seem always to comprehend the questions, and continued whistling when told to put out the tongue. The sensibility of the paralysed side again tested and found to be greatly diminished.

On the 18th and 19th he passed his urine and fæces involuntarily, but on the latter date seemed much better, understood questions perfectly, and answered *distinctly*.

22nd.—Better in all respects. Gets up to the chair when the bowels are open. No power, and little or no sensation in arm. A little of both in leg. Sensation impaired on side of chest.

On the 24th, after a restless and tossing night, during which the bowels were frequently opened, he seemed weaker but otherwise in much the same condition, but at 2.30 p.m. was observed to begin to breathe loudly, and, when seen fifteen minutes afterwards, was perfectly insensible, with deep and stertorous respiration. Rapid and feeble pulse; pupils rather dilated and not acting. He died at five p.m.

Post-mortem examination.—In right lateral ventricle a small quantity of serous fluid. On opening the left sanguinous fluid oozed out and a clot was exposed occupying the entire ventricle and extending into all the cornua. It was not so large as to distend the ventricle greatly, and was evidently recent. As it slid away the point at which the escape from the brain substance had taken place was exposed and seen to be in the upper part of the thalamus close to the line of junction with the corpus striatum, and involving the tænia semicircularis. On section into the central ganglia of this side the thalamus was found to be cut in two by a clot of the size of a large filbert, the posterior half being rather the larger. Posteriorly, only a thin layer of the nervous structure of the thalamus separated it from the ventricle. Anteriorly and externally it extended for about half an inch into the substance of the corpus striatum and inferiorly

it reached very nearly to the base of the brain, no escape, however, took place on the surface. There was no trace of softening of any part of the brain substance round the clot.

This case was selected as a good example of the common form of apoplexy with hemiplegia. The only points demanding remark are that pain in the head was complained of which is not usual, and the tongue deviated to the sound side after first taking the usual direction towards the paralysed side, the cause of this was not investigated. The symptoms may be thus accounted for:—The loss of sensation by the injury to the thalamus. The motor paralysis of the extension of the clot into the front part of the corpus striatum and downwards to near the base of the brain, cutting off this body from the motor tract. The initial coma partly to the blood extravasated into the substance of the thalamus or partly by congestion accompanying the fit in which probably the rupture of the vessels took place. The final coma to the bursting of blood into the ventricle.

CASE IV.—*Sudden apoplectic attack. Apparent loss of consciousness motor and sensory paralysis of right arm and leg with rigidity, slight paralysis of left side of the face. Speedy restoration of motion, loss of sensibility persistent. Mental faculties very slightly affected. Death on the 10th day. Slight hæmorrhage into left side of pons near floor of fourth ventricle.*

J. P., æt. seventy-six, a collector, admitted into St. Mary's Hospital, Nov. 10th, 1859.

He was seen to stagger and fall, and was brought to the hospital by a policeman in a state of apparent insensibility, and there was much froth about the mouth. Five days afterwards he gave an accurate account of every circumstance attending the attack, of the money he had about him, of the way in which he was brought to the hospital and carried to the ward so that there could be no real loss of perception.

On being placed in bed he lay rather on the left side, apparently unconscious. Face pale, skin cool, extremities inclined to be cold. The eyes appeared rather prominent, the pupils equal and somewhat contracted.

The *right* eye was a little turned outward.

The *left* eye-lid seemed weaker than the right. The mouth was very little distorted, if at all it went slightly to the left, the *left* cheek puffed out with each expiration and not the right.

When spoken to loudly he was roused, and then comprehended questions perfectly, but his articulation was very indistinct. He was able to give an account of what he was doing before the attack. He could not see distinctly.

When told to put out the tongue he did it readily, but with jerks, and it mostly pointed to the left, the right edge being thrown up. The direction, however, was not constant.

The right arm was flexed and rigid lying across the chest, when moved it returned. He had very little power over it, but could just move the fingers when told to press the hand. Sensibility entirely lost, severe pinching not at all felt.

Right leg rigid and trembling, but he could move it. Scarcely any sensibility in it or in any part of the right side of the body.

At four p.m., three hours after admission the rigidity and motor paralysis of the arm had disappeared, he could move it and the leg readily, and grasp the hand powerfully, but it remained almost perfectly insensible. The speech was the same.

In the evening it was necessary to empty the bladder by means of a catheter. The prostate was very large and had given him trouble previously.

On the 17th he had slept all night and was asleep when seen at 10.30 a.m., and at 2.40 p.m. the mouth was wide open from falling of the jaw; no puffing of the cheek. The face had a helpless expression but the mouth was not distorted in the attempt to whistle. Voluntary motion in right arm and leg, but no sensation, on tickling the sole of the right foot there was reflex action and a kind of sensation.

There was a remarkable difference in the pulsation of the carotids, which was forcible and full in the right, scarcely to be made out in the left. No difference in the pulse of the two wrists.

Pulse 100; tongue dry and brown; bowels open, motion passed involuntarily.

18th.—The same somnolence and a degree of stertor, not swallowing well. Vomiting. Speech more indistinct. Condition of limbs, as to sensation and motion, same. When left arm raised and let go it descends gradually, the right drops suddenly and is then raised by himself.

19th.—Still constantly sleeping, looking brighter, intelligence perfect, speech more indistinct.

The right eye was a little turned outwards; closes right eyelid freely and perfectly—not the left. Right pupil a little the larger, both small and contracting when exposed to light of a candle.

On the 21st he seemed weaker and thinner, and did not swallow fluids well. The intelligence was unimpaired and the speech a little more distinct. It was on this day that, questioning him more minutely than before, I found that he remembered every circumstance of the attack, &c. There seemed to be a little more sensibility in the right leg.

22nd.—Better; not sleeping so much.

From this time he had restless nights, was at times delirious and became gradually worse.

On the 24th it was noted that the left eyelid did not move when the eyelashes were touched, and that this pupil was more contracted than the right.

On the 25th I have the following notes:—Still worse. No sleep in the night, but restless and muttering. Pulse 130; he has cough; bowels not open for two days; urine free.

He cannot swallow at all, is constantly opening and shutting the mouth. He seems to comprehend questions but his answers cannot be understood, and are apparently incoherent as well as indistinct. He does not recognise persons readily and evidently does not see well. No distortion of face. He readily grasped my hand with his left. When I told him to do so with the right he moved the hand but could not guide it to mine, and it was jerked about in all directions. When I placed my hand in his he did not feel it.

In the evening there was constant motion of the jaw and chattering; the hands jerked.

He died at two p.m. on the 26th.

Post-mortem Examination.—The veins on the surface of the cerebral hemispheres were turgid with blood, and there was a little sub-arachnoid effusion. In the ventricles there was clear fluid rather in excess of the usual quantity. Substance of brain and ganglia healthy.

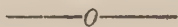
On examining the base of the brain, the left side of the pons seemed slightly larger and felt softer than the right. A section was made from the middle line outwards along the centre of the crus cerebelli of that side, and at the depth of about three-eighths or half an inch from the surface a clot was found. It was semifluid and some of the blood escaped. It appeared to have been of about the size of a small bean, to have extended nearly to the middle line and backwards to nearly the front border of the pons. There was about an inch of nerve substance between it and the floor of the fourth ventricle. In position it corresponded exactly to the track of the sensory fibres through the pons, as indicated by Dr. Brown Séquard.

In this case there are several interesting points in addition to the cross paralysis. The slight facial paralysis showed itself most, and remained longest in the orbicularis oculi, a muscle which usually escapes altogether in hemiplegia, its reflex movement being proportionally interfered with, indicating that it was the nerve itself or its nucleus, and not its communicating fibres with the corpus striatum, that was involved. No affection of the fifth was noted, and, probably, none existed, the lesion being below this nerve. The slight eversion of the right eye and the larger size of the pupil on this side seem, at first sight, to indicate slight paralysis of the third nerve which it would not be easy to explain. It seems probable that the

eversion was due to spasm of the external rectus from irritation of the sixth, and that the left pupil was contracted, a common result of hæmorrhage into the pons, and not the right dilated.

The fugitive motor paralysis and rigidity are explained on the principle laid down in the introductory remarks. They were caused by pressure on the fibres of the motor tract by the clot, and passed off when these had adapted themselves to its presence. The complete and persistent loss of sensation was due to the injury of the sensory tract.

One of the most remarkable features of the case was the apparent insensibility for some time after the seizure, when, as was discovered subsequently, he must have been perfectly possessed of perception and intelligence. He lay motionless and apparently unobservant. He had to be spoken to loudly before he answered or seemed to hear, and yet he could give every detail of the attack and remembered every circumstance of his progress to the hospital. It is evident that there was no loss of consciousness but loss of the power of manifesting it by volitional signs.



On Dysuria and Retention of Urine in Women. By W. BATHURST WOODMAN, M.D., late Resident Medical Officer, and Resident Accoucheur, London Hospital.

MOST of our systematic lectures on the Medical Art, as well as the majority of our hand-books and systems of medicine furnish us with ideal pictures of disease, in which every detail is so elaborated in a sort of præ-Raphaelitism, that unless the student's mind is furnished with broader outlines from clinical studies, or by previous experience, he not unfrequently fails to detect disease when he first meets with some of its protean forms in actual practice. And the more so, because the sick generally attribute exaggerated importance to some single symptom, and this alone is often considered by them to be the sole disease.

The success of charlatans is often due to their power of relieving painful or distressing symptoms. It is not necessary here to point out that unless something more than this be done, no enduring foundation for reputation or for remunerative practice can be laid.

What I propose to do is just to recapitulate a few of the conditions in the female sex, of which pain and distress in passing water, or absolute inability to do so, are prominent symptoms. For this condition is not only so alarming and distressing in itself, but is also so frequently the only thing complained of

that it is worth while, at the risk even of being thought tedious, to dwell at some length on its causes and treatment. In so doing, I shall attempt no elaborate or bookish classification, but simply draw upon my note-books for examples. If I should seem in some particulars to contradict any established dogmas, I can only say that I write what I myself have seen and known, and not in any spirit of mere search after novelty. I purposely couple dysuria and retention because the former generally precedes, and is indeed accompanied with some degree of the latter. But as absolute retention is less common in the female than the male on account of the great rarity of stricture of the urethra in the former, it will be convenient to take notice of this first, and to notice the various causes which produce it.

1. Retention not unfrequently occurs in so-called zymotic diseases. In text-books we are told to look out for this at the period when prostration is greatest, and very properly so ; but it has not unfrequently happened to me to see this as one of the earliest symptoms immediately following the first rigor, and usually accompanied with a good deal of tenderness over the region of the bladder. This I have seen in both sexes, in the following diseases of this type : In small-pox, measles, scarlatina, typhus, typhoid fevers, and erysipelas. The following case appears to me rather unusual.

Mrs. S—, æt. forty-two, a married woman, who had no children, sent for a friend of the writer's on account of inability to pass her water. It was about a week before she expected the catamenia, and she complained of soreness in the hypogastrium. He drew off about a pint of high-coloured urine. The next day the retention recurred, and she had two or three rigors, and the writer attended. On the morning of the next day she had well-marked facial erysipelas, and became completely comatose, with occasional intervals of delirium. This state of insensibility and the retention also lasted seven days, when she suddenly regained control over her bladder and became poorly, but her head got better, she grew sensible, and made a good recovery. No displacement of the uterus was discovered, nor was the urine very acid, although it was somewhat concentrated. It is worthy of note in this case that the hypogastric tenderness continued some days. I am inclined to believe that there is a limited inflammation of the peritoneum in these cases, affecting that membrane where it is reflected over the bladder. For this, however, I have no proofs to offer from *post-mortem* examination.

2. Retention from injuries or disease of the spinal cord is usually accompanied with other symptoms, such as paraplegia, which immediately attract attention to their cause. I shall, therefore, pass over these cases with this remark only, that in

cases of this kind, not only should the catheter be used with the greatest gentleness and at regular times, but also that there is a possibility of using it too often. In the majority of cases, twice or three times in the twenty-four hours, together with the use of opium and perhaps citric acid (Dr. Bence Jones), will be found amply sufficient, if the patient is directed to drink but little at a time.

3. Retention or dysuria are well known to occur frequently in young girls from adhesion of the nymphæ, or sometimes of the larger labia. This is so common amongst the badly-tended children of the poor, that it would scarcely call for special note here, were it not just for the sake of young surgeons, just to warn them against leaving the after treatment entirely in the hands of the nurse, or they may find as I have done, that they will get discredit, or at the best, will have to repeat an operation which is not particularly pleasant to the young patient.

4. Dysuria from vascular tumour of the meatus urinarius, sometimes leads to complete retention from the great pain caused. As this disease, though so well described in books, and by no means very rare, appears to be unknown to many medical men, I shall hope to be excused for just repeating that when a young woman complains of intense and burning pain in passing water, together with great soreness after having done so, and states further that she passes bright blood along with the water or just after, she has probably this vascular tumour; for in gonorrhœa the hæmaturia is absent; in stone in the bladder the blood is not so bright generally, and the pain is much more aggravated by movements, and less intense in actual urination; in cancer of the bladder, the pain is also felt even when the bladder is not in action. It is worth note that in several cases I have found small polypi of the uterus, and also a tendency to fibro-cellular and warty growths generally. But this tumour of the meatus is not confined to young women, for I have seen two instances of it in women over fifty.

There appears to be a general idea that the hæmorrhage from excision of these growths is very alarming; but it has not been so in any case I have seen, and the perchloride of iron is so effective, that with chloroform or local anæsthesia I do not think any surgeon need hesitate to remove them. This growth is one of the instances in which for the mere *diagnosis* the tactus ereditus is amply sufficient. As this tumour so often occurs in young and unmarried women, this is sometimes important. I am far from advocating any prudishness on the part of either doctor or patient, yet think that the feelings of our patient should as much as possible be consulted. Should the growth be detected, it can be very well removed, the patient lying on the left side, with a pair of scissors curved on the flat. Yet if

there is much hæmorrhage, the lithotomy position is more convenient.

5. It is only necessary to name eczema of the vulva, and urethritis as causes of dysuria, &c., for in one the intolerable itching, in the other the discharge and scalding call attention to the veræ causæ.

6. Cancer of the bladder, or contiguous parts, such as the uterus, or rectum, and vagina, are also accompanied with other symptoms which are not so likely to be overlooked. May I suggest here, that in all cases of retention in which the female catheter is required, it is well to make a vaginal examination *at the same time*, so as to detect anomalies of position or structure in the uterus, &c., as this will often be acceded to, or be taken as a matter of course, when a subsequent request might be refused, or considered inopportune.

7. Stricture of the urethra, although so rare in women is yet occasionally met with. I have notes of only four cases during nine years of observation at the London Hospital, and I do not think I missed more than one or two. The first was in a woman aged thirty, and followed a very protracted labour, attended by a chemist. The second followed the operation of removing a silver catheter which had slipped into the bladder. The catheter was an old one, and had lost its "stop," and the surgeon (since deceased) had turned aside to wash his hands. The operation was by combined incision and dilatation of the urethra, and the stricture was relieved by further dilatation. The original cause of the retention was retroversion of the gravid uterus.

The third case was in a single woman, aged twenty-four, and followed an attack of gonorrhœa, or rather urethritis. Holt's dilator was used in this case (I think by Mr. Curling), and I saw her five years after. The urethra was again rather small, but she had no retention or inconvenience, except occasionally after drinking spirits to excess.

The fourth case was in a woman, aged forty-two, and followed a *protracted* labour (her second) in her thirty-ninth year. She was attended by a drunken midwife, who introduced her hand with great violence, to remove the after-birth. She first noticed dysuria, and this increased for three years, when she had complete retention, and applied to the hospital. In this case, as in the first, the urethra would not admit, or barely, a No. 1 catheter, and in both there was a false passage by the side of the urethra, which was attributed to art, or perhaps force? In these cases Holt's dilator was used successfully, but there was the usual tendency to relapse.

8. Stone in the bladder, or urethra, although rare in

women, is now so generally known to surgeons, and so easily recognized, that I forbear to dilate upon this cause of dysuria.

9. Foreign bodies in the bladder, urethra, or vagina, are comparatively medical curiosities, but should not be forgotten in any case where the other symptoms are obscure. Hair-pins are apparently favourite implements of mischief.

10. The most frequent cause of the symptoms we are considering, is, I believe, some misplacement of the uterus, or some affection of its appendages. Of these I shall notice only the principal forms. The most common is prolapsus uteri, either during gestation or after delivery. In these cases, should there be any great difficulty in passing a *flexible* catheter, first directing its point downwards and backwards, if there be much prolapse, I would recommend raising the patient's pelvis, and letting her head and shoulders lie as low as possible whilst the catheter is introduced. The patient herself may find kneeling, resting on her elbows, the best position in which to pass water. Next we may have retroversion and anteversion of the uterus, and their minor degrees, which are usually called flexions. Of retroversion, in the gravid state, I have seen nine cases, in all of which the retroversion happened between the third and fourth months (except in one between second and third), in nearly every case the patient herself attributed the occurrence to her own *voluntary* retention in the first instance. Take the following as an example:—A young and healthy woman, in her first pregnancy, when about three and a half months *enceinte*, calls on a clergyman's wife, with whom she had lived as a servant. She was detained longer than she expected, and did not like to leave the room, and when she went home, something else occurred to make her forget to empty the bladder. She had too, taken several cups of tea. Complete retention and retroversion occurred, but by rest in a semi-prone position, the catheter, opiates, and warm water enemata, the uterus happily recovered its position, and gestation went on to its full period without further mishaps. Nor could any evidence of uterine fibroids be detected in this case. These, however, are generally admitted to be a frequent, and perhaps the general cause of retroversions or flexions in the unimpregnated uterus, as has been ably shown by Dr. Marion Sims and others. Anteversion of the uterus I cannot believe to be nearly so common as is generally stated, although the high authority of Dr. West may be quoted for its frequency. I am certain that it is less frequently a cause of complete retention. Yet it may be as sudden, when associated with a large fibroid, as if the uterus was gravid, as the following case will show:—A stout, single woman, aged forty-three, house-keeper in a gentleman's family, was attacked suddenly

with retention, at the close of a menstrual period. The catheter entered with great difficulty, and the body of the uterus was felt lying across the vagina, against the neck of the bladder; it was increased in size and weight. The uterine sound entered with its concavity forwards, and there was some difficulty in causing it to pass the inner os, although the neck of the uterus was very high up posteriorly. It appears that she had rather over-exerted herself in moving some furniture. By rest, in a supine position, and use of the catheter, and attention to the state of the bowels, she soon recovered from her attack, under the care of my friend, Mr. E. H. Carter. Two other conditions connected with the uterus demand momentary attention here:—The first is pelvic cellulitis, which, frequent as it is, is often not diagnosed by the medical attendant. I have known the symptoms produced by this to be mistaken for acute rheumatism, ague, spinal disease, typhoid or puerperal fever, and cancer of the uterus! Yet simple attention to a few symptoms would have made the diagnosis clear. If, after abortion or labour, almost any time within two years, a woman complains of pain in passing water, and stools, and in moving one or both legs, of pain and tenderness in the ilio-inguinal regions; and thickening can be felt above Poupart's ligament, and if, in addition to these, she has rigors and pyrexia, our diagnosis of pelvic cellulitis hardly wants an internal examination to complete it, except as regards the question of treatment by puncture or otherwise. My own experience is not enough to allow me to speak authoritatively on this point, but what I have seen of early opening of the abscess, by puncture or incision, has strongly predisposed me in favour of the operation. Similar to this is Dr. Matthews Duncan's experience in retro-uterine hæmatocele, which is the other condition, to which I referred just now. The last condition of the uterus, to which I shall here allude, as causing dysuria, is chronic or acute cervicitis, and erosion or ulceration of the os uteri. For the relief of this symptom, when very severe, I believe nothing is so efficacious as suppositories of soap and opium, introduced into the rectum, in addition, of course, to appropriate uterine treatment.

I purposely omit mentioning the cases occurring immediately after delivery, as these concern the accoucheur, and their treatment is generally very simple. To one not infrequent cause I have alluded in the second volume of the "London Hospital Reports," in my paper on simulated diseases, where also the current teaching on hysterical retention of urine is discussed and objected to.

11. Ovarian dropsy, or other pelvic tumours, and ascites, and occasionally hernia, may be the causes of retention and dysuria, of all of which I have seen examples. The treatment

must, of course, vary with the cause, but the indications are usually very plain.

12. The last cause of these symptoms, to which I shall here allude, is disease of the rectum. The most common forms of this are fissure of the anus, irritable ulcers and hæmorrhoids. The profession in this country are much indebted to Mr. Baker Brown, for calling attention to this very frequent and common cause, for instances are not wanting where ladies have consulted various obstetric physicians, and also surgeons, and when almost every kind of uterine treatment has been adopted in vain, and the bladder vainly explored in search of stone, when the real cause of the distress was to be found at the anus, or in the rectum, and the case, previously so obscure, and so little amenable to treatment, has yielded at once to the ligature of a pile, or the division of a fissure or ulcer, or perhaps of a few fibres of the sphincter ani. Nor must a simply loaded rectum and sigmoid flexure be quite forgotten, for many cases of difficulty in passing water are simply due to constipation, and may be remedied by a purgative, and a simple but copious enema.

It would, I know, be easy to multiply examples of various causes of these symptoms, but the object of this paper will be gained if I succeed in reviving in the minds of junior members of the profession, for whom I chiefly write, the recollection of the importance of these symptoms as indicia of grave, yet often easily remediable diseases. It may, perhaps, serve as a useful aid to the memory, to classify these different causes under five principal heads, one for each finger of the left hand, as follows in the order of their frequency, according to my experience of them :—

1. Diseases or misplacements of the uterus and its appendages.
2. General diseases—such as zymotic diseases and paralyses.
3. Diseases of the rectum, anus, or larger bowel, including constipation.
4. Diseases of the urethra and external organs, including urethritis, eczema vulvæ, and vaginitis, vascular tumours of the meatus, and stricture of the urethra.
5. Disease of the bladder itself, including stone, but excluding mere paralysis, as this comes under the heading of general diseases.

On the Treatment of Croup. By THOMAS INMAN, M.D., Lond., M.R.C.P., Late Lecturer on Medicine, Physician to Liverpool Royal Infirmary.

ON previous occasions I have called attention to the ordinary treatment of croup, and its very unsatisfactory results. In the preface to the second edition of "Foundation for a New Theory of Medicine," I quoted from an adverse reviewer his poor opinion of the success likely to follow *his* method of cure, and from Dr. Eastman, the satisfactory result of his treatment of the disease by quinine. In a short paper in the late *Medical Review*, I indicated what my treatment would not be, and what it would, but I was not then in a position to put those notions to the test, and from that time to the present, my opportunities for personal observation have been too limited to warrant my writing a monograph on the subject.

By the kindness of friends, however, I am enabled to give a few facts of inestimable value in a therapeutical point of view.

I will premise them by a short history. Early recollection carries me to a room where my two youngest brothers—both pets of mine—lay dying with croup. I remember well all their symptoms, and that the cause of the disease was their removal while recovering from measles, from a warm to a cold room (from the crotchet of a healthy man). After that I remember another brother being very ill, with the same complaint, arising from a run home against a cold wind. The first medical lecture I received was at the bedside of a child dying with croup, treated *secundum artem*, and my first distant "journey" was to visit, perhaps to operate, on some three children, brothers, who all died in a few hours after my arrival. All these cases came vividly before me while my own daughter lay ill in my arms with the same disease, during my wife's absence.

To treat her, as I knew she would be treated by any one that I could ask to aid me, seemed to me to threaten certain death, to neglect the ordinary means of cure might prove me to have been culpable. I gave her a simple emetic, and nothing more; for hours I listened to the breathing with intense emotion, and the clanging cough shook my nerves painfully. Yet I remained firm in my purpose, and at the end of twelve hours the worst was over, and I found next day that I had only to contend with a very severe catarrh. Some years after that, I was called, in a friend's absence, to visit a child with croup. The mother drew a terrible picture of the ravages the disease had made in her father's and in her own family, and was nervously anxious about the present sufferer. I literally prescribed nothing but confinement to a warm room. The recovery was rapid and complete, but the croup was the prelude of a severe catarrh.

In thinking over these cases it was clear that the same causes which produced croup were efficient in producing catarrh, and that croup appeared to be the first stage of a severe "cold." Now, the ordinary course of catarrh in an adult is: 1. It begins in the nostrils, then passes to the throat, then to the windpipe, then to the lungs. 2. During the time it affects the larynx and trachea, it is attended with huskiness of the voice, hoarseness, some difficulty of breathing, and a painful clanging cough, when any mucus is at last coughed up it is dense, almost leathery. 3. But the phenomena are transient, and a few hours suffice for the dry and inflamed membrane to become moist and secreting. 4. A "cold" is always attended first with feverishness, then with debility, and sometimes prostration.

Common sense then dictated the idea that croup was simply catarrh in a child, and commencing in the larynx and trachea. If so, the same treatment which would give relief in a "cold" would do good in croup.

Now, what do we avoid, and what do we do when we are "in" for catarrh? We avoid cold air, which feels raw, rasping, or scraping as it goes into the lungs, and provokes cough. We do indulge ourselves with a warm air, and inhale the vapour of hot water, possibly suck jujubes, or sip such domestic mixtures as rum, honey, and lemon juice, while we quench our thirst and promote expectoration with cups of hot tea. If the irritation and soreness of the throat and windpipe is excessive, we put some hot, moist application to it, and if we are very impatient, we comfort ourselves with a few drops of laudanum. Let us see these ideas applied to croup in a child.

In March, 1866, a young girl about five years old was brought to the Liverpool Royal Infirmary with croup. The Junior House-Surgeon, Mr. Prizey, saw her, and thought her so bad that he expected that tracheotomy would be required. He ordered her an emetic at once, and then rigged up around her a sort of tent, into which he introduced moist hot air from the spout of a tea-kettle. In a few hours the danger was passed, and in a few days—three or four—the child was discharged, cured. I only saw the patient after the treatment, but the case made such an impression upon me that I told it to Mr. Parker, of Kirkdale, the surgeon of the Industrial Pauper Schools, where some hundreds of children are congregated. He told me that such a plan had long been in practice at the School, and that now the nurse thought so little of croup that she never now sent for him. This set us comparing notes of the changes of treatment we had seen during the last twenty-five years, and he finished by informing me of a severe case of pneumonia, in which his sole prescription had been moist warm air and appropriate diet. I willingly allow that my experience in croup is

limited. Mr. Parker's is extensive for he has been surgeon to the schools, I think, for fifteen years.

Having arrived at this conclusion, let us look back, like men emerging from some drear adventure, and see whence we have escaped. We once believed that death in croup arose from a physical impediment to the passage of air through the wind-pipe, and believing that, we used means for cure which, by decreasing the power of respiratory muscles, and their ability to overcome the obstruction, positively did the very thing we professed to avoid.

I well remember standing by the bedside of a man who, months before, had cut his throat. Union had so taken place that only a small aperture, little larger than a quill, remained open, through which air would enter the chest. The struggles for breath were painful to witness, and the noise of the air-current was loud, and as I watched him my mind turned upon the influence antimony, bleeding, or calomel, to salivation, would have upon those hard-worked muscles, and I judged that the duration of his existence depended upon his muscular energy. In croup there was, when false membrane was produced, a similar state of things, and the doctor, by lancet, leeching, potion, pill, and clyster weakened muscular power to its minimum! No wonder that Hahnemann found more success from globules of sugar than the physician from his learned recipes!

Again, modern observation tells us that a cantharides or other strong vesicant applied to the skin will produce inflammation in the subcutaneous parts in delicate persons, especially children. Yet in days scarcely yet gone by, blisters and sinapisms were constantly used to cure inflammation already existent. This was analogous to trying to quench a fire with turpentine, or to cool a hot iron in boiling water!

Let us profoundly hope that ere long each doctor will observe and think for himself, throw off the leading strings of a disreputable past, and learn to walk alone. Let us hope too that those teachers in our schools of medicine, who are distinguished more by age, gravity, and the memories of past doctrines, than by acuteness of observation, originality in inquiry, and logic in argument, may still not be too old to mend, so that those who come after us may never deserve the censures which many of us freely give to ourselves for our previous errors..

MEDICAL LITERATURE AND OPINION.

The *New York Medical Journal* for last month concludes an interesting essay on peripheral irritation. In the late unfortunate civil war in America, immense experience in gun-shot wounds was obtained, and owing to the wisdom of Dr. Hammond, the Director-General of the United States army, special hospitals were established for gun-shot and other injuries of the nerves. Dr. Mitchell, of Philadelphia, states in the paper under notice that the various effects produced upon the nervous system by gun-shot wounds have received far less attention, and far less study than their interest and importance appear to call for. Among them are some peculiarly striking cases of rare occurrence, but there are also others which are far more numerous, in fact, very common, and which are signally exemplified on every battle-field. These have been more or less vaguely treated of as shock, commotion, stupor, &c. The larger part of those who receive flesh wounds involving no important organ, are but little affected at the time, or may even be unconscious of having been hit, and exhibit no well-marked immediate constitutional disturbance. In other cases, and particularly in wounds of graver nature, the patient instantly falls senseless, and so remains during a few minutes, or many hours, when he revives again, either completely or to suffer from a continued state of depression, known as the shock, and marked by the usual features of great weakness, feeble circulation, pallor, &c. In other cases the last-named symptoms come on at once, and without the intervention or accompaniment of unconsciousness. These very interesting cases may be due either to an arrest or an enfeeblement of the heart's action, through the mediation of the medulla oblongata and the pneumogastric nerves, or to a general functional paralysis of the nerve centres, both spinal and cerebral, or finally to a combination of both causes. Arrest of the heart's movements is producible by any violent irritant directly addressed to the trunks of the pneumogastric nerves, or to the medulla oblongata, and it is conceivable that such an effect may be brought about by any very serious injury of an external part. In fact, it has long been known that the sudden crushing of a limb, in inferior animals will stop the heart, and make it act slowly for a greater or less length of time. Now, if we add to this M. Bernaud's experiments, in which he showed that irritation of the posterior roots of spinal nerves suddenly checks the cardiac motions for a time, and that like irritation of the anterior or motor roots, gives rise to no such result. We shall be able to see how it is possible that a gun-shot wound of a large limb may be competent to occasion a like effect. We should remember, too, that in nearly all of these cases the hæmorrhage from large vessels, such as are usually opened by accidents of this nature, is sufficient even during syncope, to add or to deepen, the effects of the reflected nerve impression. When small vessels only have been wounded, this might not occur, but it is proper to state that men who have fallen senseless at the instant of the wound, frequently awaken after a time to find themselves drenched with blood. The influence of shock in causing temporary paralysis of nerve trunks, is very well known to every experimenting biologist. Thus, after opening the spinal cavity, it is very common to discover that the sensitive nerves are for a time impressible by irritants. But as a general thing, this is not so as regards the nerve centres within the skull, which are rarely so disturbed by the operation of uncovering them as to refuse all reply to irritation. The author states that most physicians will be disposed to attribute the chief share in the phenomena of shock to the indirect influence

exerted upon and through the heart. There are, however, certain facts which will lead us to suppose that in many cases the phenomena in question may be due to a temporary paralysis of the whole range of nervous centres, and that among these phenomena the cardiac feebleness may play a large part, and be itself induced by the state of the regulating nerve centres of the great circulatory organ. The presence of a condition of apparent syncope hinders us in most cases from determining whether the great nerve centres suffer loss of function primarily or through want of nutrition, from feeble or arrested heart's action. But there do exist cases, more rare, it is true, in which singular affections of the nerve centres, other than those of the heart, occur as a consequence of wounds. A case is then related showing primarily excitement, and finally general loss of power. Col. P. received a slug in the wrist-joint, which caused him to run, feeling "excited and half crazed," for fifty yards, when he fell insensible. The fore-arm was amputated, and subsequently he suffered from extensive choreal movements of the stump and arm. This officer, however, continued to lead his men in spite of these choreal movements. Many interesting cases are recorded of gun-shot and other injuries, showing that cerebral disturbance, owing to shock other than traumatic, may give rise to profound prostration, and also that paralysis, remote from the seat of injury, can take place, and apparently unconnected, but yet the consequence of the said injury. A restorative system of medicine was applied to all these cases of paralysis after injury, and with beneficial results. Some of the cases were tedious, although they seem eventually to have recovered to a greater or less extent.

In the *Pharmaceutical Journal* there is an interesting account by Dr. Waring, of the Indian Medical Service, of the purgative seeds of *Pharbitis Nil*, or *Convolvus Nil*, or *Convolvus cœrulea*, a common plant in India, but more abundant in Bengal and the Northern Districts generally than in the Southern. It is common enough in the bazaars of Bengal, under the name of Kala Dana or black seed. It is a purgative, intermediate in its effects between jalap and rhubarb. Dr. Kirkpatrick, of Mysore, seems to have used it instead of the compound jalap powder, mixing cream of tartar and ginger with the powdered kala dana. The purgative property is due to a resin resembling jalap resin. Dr. Waring deserves great credit for bringing one of the many bazaar medicines of India to notice. There is still a great deal to be done in this field of labour.

The *Medical Press and Circular* has some interesting articles during the month. It has one on the battle now being waged in London against the present workhouse infirmary system. In an article on "Medical Titles," it is mentioned that the Dublin College of Physicians allows its fellows—honorary fellows and licentiates—to prefix "Dr." to their names. This prefix does not appear to be allowed by the London and Edinburgh College of Physicians, by virtue of their diplomas alone. Nothing but the M.D. in England and Scotland permits the prefix of "Dr." The public, however, dubs everybody "Doctor," from the shopkeeping chemist to the greatest *surgeon* in the land; so whether we can prefix "Dr.," or whether we cannot, does not appear to have much practical weight. We would suggest, as a solitary title that would include everybody, that we should call ourselves Mr. "Registered" Jones, Brown, or Robinson, as the case might be. This would stop all heart burnings, for under their present shape medical titles are ridiculous.

The Amendment of the Medical Act and the Nursing of the Sick are also ably handled in another impression, as also scepticism and credulity in physic. The latter paper shows that the inquiring spirit of the age has overthrown some of what used to be considered the bulwarks of Medicine.

It would appear that the public believes more in the virtues of physics and in the powers of doctors than doctors do themselves. Our text-books are full of stereotyped remedies for diseases, which practically are not used by the doctors of the present day. The precepts of books and practice are two different things. The fact is our text-books require revising, and a great deal might be left out with great advantage to our students.

The *British Medical Journal* has an article on "Cholera," which is about the only article that we need mention out of its month's assortment, as some of the other subjects are in common with other medical papers. The *British Medical Journal* seems to expect cholera this year. We trust that the Journal's gloomy foreboding may prove incorrect. We are enjoined to do no mischief, and brandy and opium are condemned in cholera. We do not see any necessity for supposing that anyone who gives brandy must therefore give opium at the *same time*. There are, however, in our opinion, stages in cholera when each may be safely and beneficially used. Common sense is required in the treatment of disease, and if we all possessed the common sense of the *British Medical Journal* we should never be ill. The Journal says that we are to try elimination in cholera, because the fact has taught us nothing positive in the way of a specific cure; the Journal is good enough to consider that the past has not been altogether worthless, for it has shown the negative value of a vast number of attempted remedies, and in its climax of oratory it brings in the barbarous word "armamentarium," from which we are enjoined to eliminate those weapons which have been so often and so vainly tried. The *British Medical Journal* is the champion of elimination as applied to the treatment of cholera. But we do not understand what grounds the *British Journal* possesses for supposing the eliminative plan to be a successful one. Why are the medicines of elimination to be excluded from the list of vain and worthless remedies? The diarrhoea caused by crude lumps of food sticking in the bowels may be cured by eliminative means, just as a smoky chimney is cured by sweeping, but we have yet to learn that the collapse of cholera is to be cured by favouring exhaustion. The only point the *British Journal* has in common with men of common sense is that doctors should "take care to do no mischief," but that is a fact which is applicable to the treatment of all diseases. We do not know who the leading article writer on cholera may be, but in the interests of the Journal it would be well to allow him to read Dr. Maclean's (Army Medical School) "Lectures on Cholera," which have been founded on experience, and if any further researches are required a sojourn in India would help to a proper knowledge of this grave subject. Elimination has been tried in Indian practice, and elimination has not cured cholera. A restorative system of medicine has assisted the vital force to recover from the depression of cholera; but an exhausting mode of treatment is antagonistic to the common sense of anyone not a leading article writer in the *British Medical Journal*.

In the *Medical Times and Gazette*, the subject of cholera crops up more than once; and as a circular has been addressed to the various mayors of seaport towns informing them that cholera has appeared at Rotterdam it is as well that we should put our house in order. Our sanitary officers ought to be emancipated from the control of the various boards of vestries, and the establishment of a special Board of Health is generally needed. Our local sanitary officers ought to be under no control save that of the central office in London as a branch of the Home Department. With prompt and vigorous measures, all that weak mortals can do against the inroads of pestilence would then be efficiently done, and it would only remain for us to say trustfully with David, when given the choice of war and pestilence, "Let us fall now into the hand of the Lord, for his mercies are great."

The various medical papers have been loud in their outcries against the sudden change in the mode of promotion among the doctors of the Guards from the regimental to the brigade system. This is a palpable thing that they can understand, but that the same medical journals should consider the late recommendations of the committee on army medical affairs to give all that is required by medical men shows a want of the power of taking in the situation. *Punch* ably advocated our position in the army last month, and we honoured our pages by inserting their witty commentary on that subject as we now do with reference to this sudden alteration of the mode of promotion at the *ipse dixit* of H.R.H. the Field-Marshal Commanding-in-Chief—as officialism delights to call him :—

“THE SOLD ARMY SURGEONS.

“Some fuss has been made in the medical profession about an alleged breach of faith towards the medical officers of the Guards. Their grievance is, that whereas they were induced to enter the corps at the time of the Crimean war by the representation that promotion in the Guards was regimental, the Commander-in-chief has recently signified his intent to fill an appointment of battalion surgeon therein by brigade promotion. This they regard as the introduction of a system which will inflict serious injury upon themselves, who entered under that of regimental promotion ; inasmuch as it is likely to prevent them from ever reaching the higher grades in the service to which they would otherwise rise in due course. From the reply of the Marquis of Hartington to impertinent questions in the House of Commons, it appears that the Government had no intention to take any measures for compelling his Royal Highness the Commander-in-chief, to observe any absurd punctilio in dealing with the medical officers of the Guards as to the fulfilment of a promise dictated by past expediency.

“This is the way to treat those snobs of Army Surgeons. What if, notwithstanding that there are plenty of medical men, there were, during the last year, only seventeen candidates for the Army Medical Service, of whom seven were rejected ? What though the *Times* is quite correct in the following statement :—

“‘That the public medical service is distasteful to the profession is shown in the small number entering and the large number of resignations after, as since 1850 up to the present time no less than 137 medical officers have left the Royal Navy, and during the same period 117 have voluntarily left the Army, even after seventeen years’ service.’

“A scarcity of surgeons in the Army and Navy is of very small importance in these weak piping times of peace. When war breaks out, then it will be soon enough to offer inducements sufficient to tempt medical gentlemen to accept commissions in the military and naval service. No doubt they will be caught as easily as others were caught before them, and the engagements into which it may be necessary to enter with them for that purpose, can afterwards, when peace is restored, be once more quietly broken, as usual, at the convenience of Head Quarters.”

As specimens of good English composition, the leading articles of the *Lancet* can take no rank at all. They are simply the productions of a person writing in a hurry, often on uninteresting subjects. No attempt to clothe these subjects in anything but the sorriest verbiage is made, and as an occasional Latin word culled from a dictionary does not show classical knowledge, so the attempt at fine writing by anyone incompetent for such efforts can betray nothing but an average capability beaten into the bombastic cadences of a penny-a liner. If good writing cannot be obtained for the leading columns of the *Lancet*, it is compensated for by a forcible manner of putting observations, which is not unlike the system prevailing in

our colonial newspapers. The College of Surgeons cannot be affected by any observations made by a journal, no longer the leader, while the *Medical Times and Gazette* is in the field of medical opinion; but it would betray more worldly wisdom if the caustic aired for the welfare of the College of Surgeons were used at home. The readers of the *Lancet* are growing tired of seeing the College of Surgeons of England censured in its columns. Let the vials of its wrath be poured on the heads of guardians of the poor. The *Daily Telegraph* once thought fit to write an article in answer to a production of our would be Thunderer which was ludicrously effective, and many articles could be written on the remarks concerning the College of Surgeons which crop up in the columns of the *Lancet*, were it considered worth anybody's while to notice them.

Dr. George Johnson of King's College, London, has written a very good and forcible paper in the *Lancet* on "Delirium Tremens." He points out the fact which Dr. Watson strongly insists on in his beautiful "Lectures on Physis"—viz., that the condition of extreme nervous exhaustion giving rise to delirium tremens is not always the effect of the abuse of alcoholic stimulants. Dr. George Johnson has clinched the nail that Dr. Watson drives home in a very neat and effective manner.

Our summary on Dr. Richardson's method of local anaesthesia must remain over for some little time until further experience has ripened our views. For the present it would appear that the local method is capital for minor operations, but not so effective in severe operations as the old method of exhibiting chloroform by inhalation.

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CORRESPONDENCE.

ON THE SUBCUTANEOUS INJECTION OF QUININE.

To the Editor of the MEDICAL MIRROR.

SIR,—My attention having recently been attracted to Mr. Hunter's papers "On the Progress of the Hypodermic Treatment of Disease," published in the *MEDICAL MIRROR*, of August last, p. 439, I beg to request you will permit me to correct an error, which, as far as I am concerned, Mr. Hunter has made. That gentleman remarks:—

"In ague and fever the hypodermic injection has been extensively used, especially in the Smyrna Hospital, by Drs. Chasseau and McCraith, also by Dr. Moore, of Bombay. . . . I must protest once more against the way all these gentlemen introduce the quinine—namely, with a syringe, after incising the skin with a lancet."

In my separate communications on the subject, published in the *Lancet* and *Indian Annals of Medical Science*, in 1863, I expressly condemn the lancet and advocate the use of a syringe with perforated needle.

I may remark, that while my confidence in quinine as a remedial agent, when injected into the cellular tissue, remains firm, I now limit the method to very severe cases of fever, or where obstinate vomiting forbids giving quinine by the mouth, and this for two reasons:—First, because patients very frequently object to the puncture, slight pain and trouble the procedure involves; Secondly, because the syringes (which should work with a screw) are expensive, constantly breaking or getting out of order, from choking with quinine or the action of the acid, and of course cannot be repaired or procured readily up country in India.

Joudpoor, March, 1866.

I am, &c.,

W. J. MOORE,
Surgeon H.M.'s Bombay Army.

REVIEWS AND NOTICES OF BOOKS.

The Forms, Complications, Causes, and Treatment of Bronchitis.

By JAMES COPLAND, M.D., F.R.S., &c. New Edition, pp. 165, small 8vo. London : 1866.

ALTHOUGH it is one of the most common diseases in this country, and the mortality from it very considerable, bronchitis has met with, comparatively speaking, little notice. The deaths from it are half as many as those from phthisis, and as it is more curable than the latter affection, it is evidently more common.

In some years it prevails in greater number and with more intensity than in others. In 1859 and 1860, for instance, Dr. Copland remarks that it was peculiarly prevalent and fatal.

Until Dr. Badham first directed special attention to bronchitis, this diseased condition had been confounded with common catarrh, pneumonia, and some other disorders of the lungs and air-passages.

Dr. Copland divides bronchitis into three forms :—1. Common catarrhal bronchitis, which is the most frequent variety ; 2. Sthenic, or true bronchitis ; 3. The asthenic form. In the first two forms the minute bronchi escape, so that there is no material interruption to the function of the lungs, in respect to the changes effected in the blood during respiration ; but in the third variety there is obstruction to free circulation, and to the changes produced in the blood in the lungs. This last-named form, the asthenic, is very frequent in children, especially amongst the poor and ill-fed in our large cities.

Bronchitis may terminate in recovery, or in more or less rapid exhaustion and death ; or it may pass on to pneumonia, collapse of portion of the lung, or extension of the inflammation to the trachea and larynx. The most common complications are phthisis, catarrhal sore throat, asthma, whooping-cough, measles, and other exanthemata, disordered digestive functions, diseased liver, and dropsical effusions into the pleura and pericardium, particularly in old people.

The relative frequency of bronchitis in the two sexes is nearly evenly balanced, if we may judge by the mortality ; the number of females who died from bronchitis in 1855 being 12,790, and of males 12,798. The greatest mortality in both sexes is in children under five years, and in old persons from fifty-five to eighty years of age.

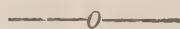
The treatment of bronchitis must depend in great measure upon the constitutional strength of the patients. When Dr.

Copland first wrote upon this disorder, in 1831, the general vital character of diseases was, he remarks, about changing from a sthenic to an asthenic, or at least to a much less sthenic type, which has generally prevailed from that period up to the present date. Consequently, the treatment used for bronchitis is of a less energetic nature than that formerly employed. In the catarrhal or mild variety of bronchitis, mild saline diaphoretics, demulcents, and emollients will suffice to produce a cure. In the sthenic acute form, which is often, particularly in the young, plethoric and robust, acutely inflammatory at an early stage, antiphlogistic remedies are frequently indicated. Sometimes the moderate extraction of blood by venesection, or scarification and cupping, is desirable; and the preparations of antimony or ipecacuanha may be given in full and frequent doses. After the subsidence of the more acute symptoms, the milder diaphoretics, especially the solution of the acetate or citrate of ammonia, with spirits of nitric ether, and small doses of nitrate of potash, may be administered; turpentine embrocations or mustard poultices should be applied over the chest and between the shoulders. When the asthenic is the prevalent form of the disease, stimulating expectorants and tonic remedies are indicated; and the patient's strength should also be supported by nutritious food, and by a moderate quantity of wine or even brandy, if he be old or much exhausted.

Although expectorants are often valuable in the treatment of bronchitis, they are doubtless sometimes hurtful, either from their being too exciting, or from the expectoration being kept up longer than is necessary. As Dr. Copland remarks, some writers seem to think that the chief object in view in this disease is to maintain a copious and free expectoration, and recommend squills, ammoniacum, and similar remedies to be given accordingly; but not unfrequently, the more abundant and easy the expectoration thus produced, the more rapidly does the patient become exhausted by the constant mucous discharge. It is therefore desirable not to administer expectorants in excess or alone in many cases, but to combine with them tonics and astringents, so as to gradually diminish the amount of the expectoration after the disease has passed through the acute stage. Besides, squills and ammoniacum ought never to be given when there is pain or soreness in the chest, with fever and hot skin.

In the selection of tonic remedies, sulphate of zinc, or sulphate of iron, with extract of conium in the form of a pill, will be found especially useful; sulphate of quinine is also a valuable remedy in cases of bronchitis occurring in debilitated subjects, the precaution having been taken previous to its administration to ascertain that the patient's bowels are regular, and that no sym-

ptoms of inflammation are present. Numerous other remedies of a similar class will readily suggest themselves to the practitioner. Dr. Copland furnishes a number of prescriptions, in which are judiciously combined expectorants and tonics, &c. His work is, like everything which has ever appeared from the pen of the great medical lexicographer, highly practical; and is, in every respect, an important contribution to the literature of a disease which he has made his study for upwards of thirty years.



Elements of Qualitative Chemical Analysis, By W. H. SPENCER, B.A., Fellow of the Cambridge Philosophical Society. Pp. 94, 4to. London: 1866.

THIS work is divided into four parts; in the first two of these the chief reactions of the more important basic and acid radicals are correlated and contrasted, so as to exhibit them in a tabular form (to which the large size of the book is well adapted); and in the third and fourth parts the principal reactions are specially arranged for the convenience of the student in the laboratory.

In chemistry three things have to be ascertained concerning every material substance. The first of these is the quality of its constituents, or, in other words, what it is composed of; take, for instance, the compound chloride of potassium, we have to ascertain that it is composed of a basic radical, potassium, and an acid radical, chlorine. The appropriate application of certain tests, called reagents, detects the quality of chemical bodies. The second point is the quantity of the constituents, which is found out by means of the balance. The third is the order of arrangement, which is more difficult than the two preceding, and involves questions indicated by such terms as "formulae," and "atomic weight," and other considerations of a purely theoretical nature. The points with which analytical chemistry deals are those concerning the quality and quantity of the constituents of chemical substances.

The reactions obtained by bringing different chemical bodies in contact with other particular chemical substances are very extensive, and, for the purpose of aiding the memory of the analyst, and of facilitating the application of reagents, a mode of classification has been adopted. In the first place, bodies are divided into basic and acid radicals, which again are subdivided into simple and compound. Potassium may be taken as an example of simple basic radicals, and ammonium of the compound; chlorine is a specimen of the simple, cyanogen of the compound acid radicals. Each of these primary classes is

divided into groups, having reference to the behaviour of each particular group with some specially selected reagent.

Thus, Group 1 includes silver, lead, and mercury in the form of its mercurous salts. All of these, when hydrochloric acid is added to their solutions, form insoluble chlorides, while the chlorides of almost all other basic radicals are soluble. This affords a ready method of separating the metals classified in this group from solutions containing other metals. By the subsequent application of less general tests, a further process of division and isolation is effected. Thus, of the chlorides of the metals in Group 1, those of silver and mercury are insoluble in water, but that of lead is soluble in boiling water, so that we can separate lead from the other metals in the same group. Again, the reactions of argentic and mercurous chlorides with the hydrate of ammonium furnish a method of separating silver, the chloride of which is soluble in hydrate of ammonium, reprecipitated by nitric acid from mercury, whose chloride is insoluble in hydrate of ammonium, but blackened.

In attempting to apply a similar set of processes to the detection and separation of acid radicals, greater difficulty arises, as from the peculiar nature of their reactions it is almost impossible for the analyst to proceed in such a regularly exhaustive manner as in testing for the basic radicals. Greater dependence must therefore be placed on the repeated application of more special tests, and particularly on the results obtained on submitting the substance under examination to certain processes of decomposition—*e.g.*, the decomposition effected by sulphuric acid.

When the body to be examined is solid, Mr. Spencer recommends the use of blowpipe experiments by way of preliminary examination; next, its solution, and afterwards its analysis by appropriate reagents in what is called the “wet” method (*i.e.*, in solution), as compared with the examination of the substance, when in the dry state.

It cannot be too strongly impressed upon the mind of the student in the laboratory, that “an orderly and systematic course must be followed in any method of analysis.” The beginner in practical chemistry should take nothing for granted, nor should he attempt to arrive at a conclusion by any short cuts, but he should patiently and steadily work out the entire process, and master the details step by step. The following rules, laid down by Mr. Spencer, are of such essential importance in the acquisition of a knowledge of analytical chemistry, that we need make no apology for giving them here *in extenso*. They ought to be copied and put into the hands of every new student entering a laboratory.

“*Economy of time* should be aimed at. During the evaporation of a filtrate a precipitate may be examined. Many operations may be carried

on simultaneously. On the other hand, haste and attempts to invent short roads will invariably preclude success.

Economy in the use of material is essential. This is especially the case where only a limited quantity of the substance to be analysed is at the disposal of the operator. Reagents should invariably be used sparingly, unless the contrary is distinctly enjoined, and applied cautiously, even by drops; otherwise, valuable results may be obscured.

Precipitation should be complete. To ensure this, small quantities of any reagent should be added *gradually*, and the precipitate allowed to subside between each addition; this should be repeated until no further precipitate is produced in the clear supernatant liquid.

The washing of precipitates should be thoroughly performed. Beginners often neglect this precaution, and hence they involve themselves in endless complexities. It is evidently of fundamental importance that a precipitate containing members of one group should be completely freed from a solution which may contain members of other groups.

"The greatest care should be exercised to perform *thoroughly* all the operations of analysis, such as boiling, evaporation, &c. It will be a good plan to test specially in order to ascertain if the desired result has been accomplished, in a given case, *e.g.*, in boiling off hydrosulphuric acid from a solution, a piece of paper moistened with acetate of lead and held over the test tube will afford the necessary information.

"The student is urged to determine what he proposes to effect before undertaking any experiments; in the event of failure to thoroughly investigate at once the possible causes of non-success, and to repeat experiments with any modifications experience may suggest again and again until success is achieved."

Besides the tables of analytical processes to be followed in testing for numerous basic and acid radicals, the work contains full directions for the conduct of analytical experiments, from which we have quoted, a description of the blowpipe flame, list of atomic weights, and other information.

The appendix contains rules for the analysis of substances which are insoluble in water and in acids. All otherwise insoluble bodies will, after fusion with alkaline carbonates, yield to the solvent action of water, hydrochloric acid, and nitric acid. Mr. Spencer also gives in the appendix directions for the analysis of alloys. The principle of analysis in such cases depends upon the fact that nitric acid converts certain metals into nitrates, in which condition they are soluble, whilst the same acid either fails to attack other metals, or, merely oxidising them, fails to reduce them to the solid form.

Mr. Spencer's work will be found an admirable guide to all students of analytical chemistry. Every step to be taken in the course of an inquiry is defined, and, when necessary, fully explained in a distinct note, and the tables are printed so clearly that the principal points to be considered in the examination of any particular group can be seen almost at a glance.

Dr. J. Moore Neligan's Practical Treatise on Diseases of the Skin. Second Edition, Revised and Enlarged. By T. W. BELCHER, M.A., M.D. Dub.; B.M., M.A. Oxon.; Fellow, Censor, and Examiner, King and Queen's College of Physicians in Ireland, &c. Pp. 526, 8vo. Dublin: 1866.

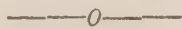
THE manual of Skin Diseases of the late Dr. Neligan is so well known, and has so completely received the stamp of professional approval, that even a mere reprint of it would have been received with satisfaction. The publishers have fortunately obtained the assistance of Dr. Belcher in arranging the new edition, so that under his able editorship the work has not only been thoroughly revised, but a large amount of useful additional matter has been introduced.

The present edition contains upwards of one hundred pages more than the previous one, the discoveries of medical science and the opinions of the best authorities since 1852 (the date of issue of the previous edition) being added in their proper places. The chapters on the classification of skin diseases, and on parasitic diseases, have been greatly enlarged; and notices of rubeola, scarlatina, variola and its allies, furunculus, anthrax, elephantiasis, and several other affections have been added. Numerous quotations from, and references to, leading authorities on these subjects have also been included, as well as a nosological table of the most important medicines used in the treatment of skin diseases, and a copious bibliographical index of the chief authorities quoted.

The first difficulty that the learner encounters at the commencement of the study of skin diseases is that of classification. Almost every writer on cutaneous medicine has some favourite class or classes of his own; if not, he at any rate manages to shift the position of certain diseases in the various classes in such a manner that his arrangement does not altogether agree with that of other authors. One of the latest, and also one of the best, of these is Mr. Erasmus Wilson's clinical classification of skin diseases in twenty-two groups, first described in the *MEDICAL MIRROR*, November, 1864, and subsequently in Mr. Wilson's "*Student's Book of Cutaneous Medicine*." Although this has been objected to by some on the grounds that the number of groups is too large, it would be difficult to frame a better arrangement of skin diseases, and the number of groups, so far from being disadvantageous to the student, is, in point of fact an advantage, as it leaves less room for doubt as to the class to which any particular disease should be referred. Still, other systems, especially those of Willan, Plenck, Alibert, Cazenave, Hardy, Buchanan, and Tilbury Fox have their supporters. Dr.

Neligan's classification includes ten orders—viz., Exanthemata, Vesiculæ, Pustulæ, Papulæ, Squamæ, Hypertrophix, Hæmorrhagiæ, Maculæ, Cancroides (Lupus and Kelois), and Dermato-phytæ (Porrigo and Sycosis); with two supplementary groups,—Syphilides, and Diseases of the Appendages of the Skin. This arrangement is a good one, and freer from objection than most of the others; but we fear that a long time will elapse before the introduction of a system of classification which shall meet with the universal approbation of writers on dermatology,

The book under notice is essentially practical, and the numerous prescriptions which it contains render it an excellent manual for the medical man who has little leisure for consulting authorities on the subject. All of the directions for use, as well as the prescriptions, are given in Latin, and the editor, Dr. Belcher, expresses his entire disapproval of the plan of writing names and quantities in Latin and the directions in English, on the grounds that it is unworthy of the members of an educated profession, and a sop thrown to ignorance, which it tends to encourage. For our part we agree with him on this point; not that we have any objection to our patients knowing what remedies are used in their cases (which, indeed, any man of ordinary knowledge and intelligence could ascertain for himself, even if the prescriptions were written in Latin), but because nothing is so annoying to the physician, or so detrimental to the progress of a case, as the circumstance of an ignorant, timid person's fancying that he knows the nature of the medicine he is taking, and making endless and absurd objections and suggestions.



On Some Effects of the Climate of Italy. By T. K. CHAMBERS, M.D., F.R.C.P., Honorary Physician to H.R.H. the Prince of Wales, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, &c., &c. Pp. 95.

It is not uncommon for our celebrated physicians to take a brief holiday for those months of the year in which most of their patients are absent from London. A physician's holiday is generally like anybody else's holiday, and the remarks on a climate or a country are very similar to those which any other educated gentleman may make. But the experiences of an invalid on trying a change of a climate are valuable to professors of medicine, and when the invalid happens to be one of the foremost physicians of the day the narrative of experience becomes valuable in the extreme. In a few simple words at the commencement of this interesting essay Dr. Chambers tells that in consequence of the degeneration and rupture of the popliteal artery he had been obliged to submit to the amputation

of a thigh. Eight months after this he had attempted to resume a moderate amount of practice, but had found himself quite knocked up by it. The circulation was so weak and the renewal of the body evidently so tardy and unequal to calls made upon it, that the professional friends of Dr. Chambers urged upon him a complete freedom, for a twelvemonth, from the physical and mental labour of London professional life. Travel was recommended with the idea of keeping him out of the temptation to transgress rules which the near view of work to be done offers to a working man. In the first few lines of this essay a simple tale of sickness is told, but eloquent in its simplicity. The ambition and the hopes of life are often shattered on the hidden rocks of grievous sickness, and a career of fame and usefulness seemed now to have reached a sudden end. But further on we are glad to read that the very essay under notice was delivered in the familiar lecture-room where Dr. Chambers, with restored health and strength states that, "by God's blessing, he is again enabled to engage actively in the duties of his profession."

He tells us that he met with many of our countrymen wandering, in compliance with medical prescription, and a good many stationed in what may be called health resorts. He was naturally directed towards the subject of travelling for health, and he was struck by the fact that the ideas of both patients and medical men are much governed by accident or individual fancy, fluctuating with Fashion more than is seemly in a scientific age. He found that invalids are often imprisoned at some spot rendered famous by a pamphlet, when a frequent change of scene would have been more useful. While, on the other hand, many who would have been the better for calm rest were rushing wildly through a rapid tour spending their time in railway trains and travelling carriages. While all he met seemed impressed with the benefit to be derived by consumptive invalids from places of even temperature, the whole change of air, water, place, and scene were not considered to be so valuable to invalids generally as the physical contents and effects of some spa or bath. The general wholesomeness of travelling was not denied by the invalids, but they were not convinced of any advantages to be derived in special climates. The vagueness and small extent of our knowledge of the action of climatic influences on the human body were too strongly felt to allow of any dogmatical application of such science to the cure of disease. Dr. Chambers regards these cosmic powers as the most active agents we have in the restoration of health. Our ignorance on this subject alone makes the use of these great agents unsatisfactory, but by physical researches he has applied himself to independently recorded facts, with a view to determine

whether the morbid changes produced by one climate are likely to be counteracted by another. It is not infrequently the case that facts are collected in a spirit of advocacy, which naturally renders them useless. They must be recorded without a purpose and then true conclusions may be obtained.

Dr. Chambers, having travelled in Italy during his school and college days, naturally, in a search for a renewal of his vital force, betook himself to those scenes in which he had enjoyed the buoyancy and robust energies of youth.

The feeble body and weakened circulation doubtless exercise a most marked and deleterious influence on the mind, but, on the other hand the impressions of the mind act on the body in a manner powerful for good or evil. Thus, the pleasing recollections of former pleasures in the old scenes under the sunny sky, with its thin transparent atmosphere, acted like a charm for good. Not content with simply feeling in his own constitution the restoring influence of an exhilarating climate, he made it his business to study in the hospitals of Milan, Genoa, and elsewhere, the types of disease, besides perusing the bills of mortality in various towns. After describing, in graphic and eloquent language, a condition known to the public as "broken health" or half death, such as precedes the settling down of some degeneration on a particular organ, he turns to the statistics of Italian disease. It is evident that acute and not chronic ailments are the principle cause of death in that sunny land. The prevalence of malaria at certain seasons, and the many sudden congestions of various organs that malarious fevers cause must rank high among the causes of acute disease. Then the heroic and depressant remedies that are well nigh exploded among our more advanced English physicians, still hold a prominent place among the drugs used by the rank and file of Italian physicians. After the heading, "Personal Experience" and "Statistical Evidence," come "Powers of the Air" and "Practical Applications." The powers of the air are very considerable for both good and evil, but Dr. Chambers points out that although almighty forces are in operation, science has yet but little practical acquaintance with them. Certain phenomena are seen but they cannot be analysed and explained. There are, however, a few obvious and external peculiarities of life in Italy that are worthy of notice, and which have an undoubted influence on the atmosphere. The circumscribed Mediterranean receiving less fresh water than other seas is much saltier than they are, and consequently absorbs moisture more readily than the ocean that surrounds our British Island. The temperature of the Mediterranean being equalised, and its giving off but little vapour helps to form a dry and clear atmosphere. There are not the sudden alterations of temperature as with us, and

there is not that constant tendency to "rainy" weather. The bright sunlight intensifies all the chemical actions of the body, and the exhilarating air causes the nervous system to require a less rich diet and a much smaller amount of stimulants than our watery climate requires.

Strangers in Italy complain at first of want of sleep, but Dr. Chambers thinks that less sleep is required in the clear, elastic air of Italy, and that renovation is more quickly effected, and that a less amount of sleep there will do as much good as a more prolonged repose in England. The shortness and lightness of sleep, not unusual with some visitors in Italy, Dr. Chambers does not seem to consider a drawback to the restorative power of the climate. In our opinion it cannot be regarded as one of its best features. It is a good proof however of the stimulating effects of the air, and as healthy visitors are not affected to the same extent as invalids, and are often not affected at all in the manner described, it is evident that with each day's renewing health, the power of sleep will return.

Among the worst features of the Indian climate is its noxious power in some temperaments of hindering refreshing sleep, and we cannot consider any process that retards the restorative or renewing power of nature to be anything but an evil, to which in India we have many more to add, but which in Italy is compensated for by the many virtues of the climate. The evenness of the temperature allows of much enjoyment of the open air, while its dryness and equability of pleasant temperature acts directly on the mucous surfaces of the body. The heavy breakfast and the occasional dram of whiskey on the bracing Scottish moors in the advanced autumn are not suitable in the climate of Italy; and Dr. Chambers, without advocating a system of starvation, enjoins a moderate frugality of living, which our countrymen all over the world find it difficult to adopt. The breakfasts on our Indian tables are as plentiful as in the Highlands of Scotland. And with the hot blasts from the deserts encompassing the Red Sea blowing over the decks, our countrymen on board the oriental steamers sit down to as many solid meals washed down with copious drinks, as they would do in an American mail steamer crossing the Atlantic through the driving sleet of icy winter. Dr. Chambers hopes from the climate of Italy for increased activity in the repair of tissues, increased activity of circulation to supply the material of repair, and of nervous energy to regulate the whole. He says we may hope from it, in short, a *renewal of life*, the converse or cure of that half death or broken health described in an early part of the volume. Dr. Chambers advises an absence from severe mental labour or much concentrated thought to any invalid sojourning in Italy, on account of the tendency to light-

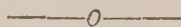
ness and shortness of sleep above mentioned. In the "practical applications," Dr. Chambers gives information which is of great use to every practitioner of medicine, as every one is liable to be asked by anxious patients and their friends concerning projected change of climate.

Dr. Chambers thinks that all seasons in Italy are equally good as regards their properties for renewing to a more vigorous life certain morbid states of constitution. He recommends a permanent residence as the most complete cure for the degenerative diathesis. Dr. Chambers considers that patients labouring under this diathesis are not prone to suffer from the acute diseases that cause the chief mortality of Italy. We would, however, warn patients against exposing themselves to malaria, as unfortunately this poison spares no one, and a person whose constitution is degenerating will assuredly suffer in a greater degree than the robust under similar circumstances. Dr. Chambers warns invalids against going into the cold churches out of the warm outer atmosphere; and also tells them to eschew the picture galleries from which all rays of sun light are, of course, excluded. He tells us that a small fire in the sleeping room will dissipate suspected malaria, the fire, if not agreeable, being allowed to go out before the patient retires to rest.

Dr. Chambers does not consider that complete exile is necessary in any but a few cases. Complete exile from the land of one's birth and one's associations being but a living death. A temporary residence is sufficient in most cases. In the latter end of a disease where the grave is but a little way before the patient, change of climate is not recommended. A death bed in a foreign land is a cruel termination for the physician to advise. And it is useless for the limited means of poor sufferers to attempt this change of climate, for the journey and the halting must all be attended with every comfort and appliance. No one should be sent to "rough it," as the money would be better spent in smoothing their inevitable decline. Cases of torpid phthisis with degeneration of the pulmonary tissue, emphysema of the lungs, and Bright's disease of the kidney are recommended a permanent residence, and the Gulf of Spezia is especially recommended. Here by rail from Florence or by sea from England every home comfort can be easily obtained to furnish a neat villa with grounds sloping to the shore. The neighbourhood surrounding Spezia is meant and not the town itself, the drainage of the latter being bad. Persons of apoplectic habit are warned against the climate of Italy, as also those suffering from early phthisis with a *quick excitable* circulation, and a liability to hæmorrhage. Piles and menorrhagia are made worse, and hysteria is particularly aggravated. Dr. Chambers sums up a few hints for invalids which we will condense as far as possible.

1. When not using *gentle* exercise to a small extent, let the patient, at any rate, be as much as possible in open carriages or boats. 2. The depressing influence of damp and low temperature is to be avoided, therefore, as before stated, picture galleries, churches, catacombs, &c., must be carefully shunned. 3. Although the powerful rays of the sun on the head are hurtful, yet sun-light is good ; and with a puggery round the hat, and a brown holland umbrella no fear need be entertained of the sun. The midday sun need not be chosen. 4. Alcohol is not to be much indulged in. In Italy port and sherry must be eschewed and a little of the light wine of the country substituted. The exhilarating climate acts instead of alcohol. 5. Diet is to be carefully attended to. It must be nutritious, but not heavy and heating. 6. The use of opiates to procure sleep is objected to. 7. Patients must not be raced through the country, but must go as their feelings dictate.

Our pleasing duty is over ; but we have hardly done justice to this instructive and interesting essay. It is not only an excellent guide for both doctor and patient, but a literary gem. Instead of the crabbed phrases and barbarous compound words too common in the writings of more pretentious but less gifted authors, we have an essay in classical English, eloquent and refined, alike comprehensive and brief.



On some Varieties and Effects of Cancerous Disease of Bone, being the Liston Prize Essay, University College, 1860. By WILLIAM HICKMAN, M.B. F.R.C.S., &c., &c. London: 1865. Pp. 47.

DR. Hickman having been on a prolonged visit to the East was unable to publish this essay until last year, trusts for the indulgence and consideration of his professional brethren to the essay in its original condition, as the occupation and anxieties consequent on settling down in private practice have afforded him neither time nor opportunity for a renewed investigation of the subject. We are glad that Dr. Hickman's friends have induced him to publish his interesting essay, which is rendered doubly valuable by the well executed plates shewing the different appearances of various sections of diseased bone on microscopic examination. Such painstaking essays as this under notice are especially valuable to the general practitioners throughout the kingdom, as by the perusal of such they are guided immediately to pathological conclusions that time will not permit them to work out for themselves. We will give a short abstract of the subject: Dr. Hickman states that the "spontaneous fracture of bone" most usually occurs in the subjects of cancerous diathesis. Erichsen enumerates the causes of spontaneous fracture as

follows: mollities or fragilitas ossium, the cancerous cachexy, syphilis, a cancerous growth within the substance of the bone, pressure upon and absorption of the bone by a neighbouring tumour, and the brittleness and weakness induced by age. Besides these causes it may also occur from necrosis, ulceration, malignant and even innocent, and from general strumous disease. Dr. Hickman says "that spontaneous fracture should be a not uncommon event in the history of cancerous disease of *bone* was only to be expected considering the eroding and destructive character of the deposit, but why it should occur when there is no apparent implication of the osseous tissue itself is not quite so obvious, and the explanation usually set up is, that it is consequent upon the general atrophy induced by the cancerous as by other cachectic diseases, and which, affecting the bones, causes them to become rarified, weak, and brittle, and liable to become fractured by a very slight degree of violence." The following interesting case, which we condense, is given to prove that the spontaneous fracture of bone in persons suffering from cancer is not from simple atrophy but from a cancerous deposit at the seat of fracture. W. C. æt., fifty-four, was admitted into University College Hospital under Dr. Parkes in 1859, with an enlarged liver. Cancer was suspected, which diagnosis was strengthened by the fact that a sister had died of a cancer in the breast. He remained in Hospital two months and was then discharged at his own request. He was re-admitted in 1860, in a much worse condition, being pale, emaciated and feeble, having pain in the liver, night sweats and diarrhœa.

One day while pulling his shirt from under him with his left hand, he heard a sudden snap in the arm, which he then discovered was broken. Dr. Hickman examined it immediately, and found a fracture of the left side of the lower end of the humerus. *There was no enlargement of the fractured bone.* The patient stated that he had experienced rheumatic pains for about three months, but as he had been an inmate of the hospital during the greater part of that time without having mentioned them, it is evident that they could not have been severe. This is an important feature in the case, as cancerous disease of bone is usually accompanied by severe pain. The arm was put into splints, and an enlargement took place at the seat of injury. The patient did not survive, and a *post-mortem* examination discovered a liver weighing $10\frac{3}{4}$ lbs., filled throughout with large masses of cancer. On examination of the seat of fracture, a tense tumour was found surrounding the fractured ends. It would appear that the healing power of nature had poured out a substance to endeavour to unite the bones. The effused substance was, however, cancerous in nature, showing by various spiculæ of bone alone that any separate power had been present.

Above the tumour the bone was not quite natural, although it was not greatly diseased. Several other bones were softer than usual, while many were natural. The tumour was found on examination by the microscope to be one of encephaloid cancer, showed by the large number of cells of delicate outline with large nuclei, a large quantity of free nuclei with nucleoli, some large cells without nuclei, but filled with granular, and some large kidney-shaped nuclei; no myeloid corpuscles. In some other bones, apparently healthy, numbers of the same kind of cells were found, showing them to be extensively infiltrated with cancer. If no fracture had occurred, it is probable that the cancerous disease in the bones would have been overlooked. Dr. Hickman believes cancerous infiltration of bone is often overlooked, owing to no prominent symptom taking place leading to suspicion of disease in the bones.

Cases where cancerous disease of bone has been apparent during life, and where fracture has occurred subsequent to enlargement are not rare. But fracture where no particular symptom has drawn attention to the bone are rare, and to these cases Dr. Hickman draws more the attention of the profession. By many, even distinguished observers, spontaneous fracture of bone in patients who have died of cancer of some organ of the body has been ascribed to "degenerate atrophy." Dr. Hickman advocates the view that such cases are simply caused by cancerous infiltration.

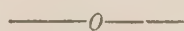
Dr. Hickman then details a variety of examinations of bone microscopically, from which he makes the following deductions: Infiltrated cancer of bone may exist, but it is only determinable by the microscope. The compact tissue of bone may be invaded by cancer at an early stage. Infiltrated cancer of bone originates in the medulla of the cancelli and the haversian canals, and not in the lacunæ, the inter-laminar spaces, nor the endosteum. The development of cancer in bone is attended by the enlargement, breaking-up, and coalescence of the haversian canals. That this breaking-up of the haversian canals should produce atrophy corresponding with the degree of the destructive process is self-evident. Dr. Hickman seems to think that many cases reported as *fragilitas* or *mollities ossium* have been cases of cancerous infiltration of bone. He believes in cancerous atrophy and in spontaneous fractures caused by this disease, but he is disinclined to believe in simple atrophy in an otherwise cancerous subject. Some experiments on scirrhus disease of bone in the horse are also given, which tend to make good the foregoing propositions, and more especially the connection of the disease with the haversian canals.

In a very interesting case of primary encephaloid of the periosteum of the dorsum of the right ilium in a girl of eighteen,

the constitutional nature of the disease is clearly shown by cancer substance being found, not only at the seat of disease, but in the blood.

Cancer substance, through the circulation, had been largely deposited in the lungs. One of the peculiar complications in this case was a sciatic hernia.

This essay is valuable as a contribution to abstract surgical science, but as no particular treatment is advocated, and as, indeed, there is nothing that the medical profession can offer as giving even a faint hope of cure in such cases, it becomes evident that our microscopical knowledge is more calculated to elaborate pretty theories than to devise means for the prolongation of human life. Dr. Hickman's essay is very ably written, and too high praise for his very careful microscopical examinations can not be bestowed; but we consider that Dr. Hickman's talents might be well employed in researches calculated to relieve suffering, which after all is the best use a medical man can make of his abilities.



Transactions of the Obstetrical Society of London for the Year 1865. London. Pp. 335.

THIS yearly volume, always of great value, is this year peculiarly full of interesting matter. As, for the general practitioners throughout the kingdom, the cases herein described have a peculiar interest as forming a picked portion of those cases of female disease that they have often single handed to deal with, we will make a systematic review, with the object, not only of recording what has been done, but what can be learnt for the benefit of future contingencies.

The first case recorded, is one brought forward by Dr. Playfair, of King's College, London. It had occurred in the practice of Dr. Priestley, at that hospital, and had been subsequently treated by Dr. Playfair on the other gentleman being temporarily absent.

A married woman, æt. twenty-six, the mother of two children, was admitted into King's College Hospital in 1863 with every symptom of extreme exhaustion of the vital powers. She had commenced to be pregnant upwards of a year previously, and had apparently suffered from a rupture of the Fallopian tube. She had been an inmate of several hospitals. In the hypogastric region, towards the left side, Dr. Priestley found a hard and very painful tumour, reaching up to the umbilicus. It was perfectly smooth, foetal prominences not being distinguishable. A vaginal examination proved the uterus to be unenlarged and healthy. The roof of the vagina on the left side was occupied by a hard, irregular, and immovable swelling. In the condition

the woman presented, operative interference was out of the question. Potassa fusa was applied to a prominent portion of the tumour with a view of glueing the abdominal walls to the surface of the cyst and then evacuating the cyst; but the patient did not live, dying about eighteen months from the date of pregnancy.

On a *post-mortem* examination, a softy, putty-like tumour was found full of full-grown foetal bones. The child had lived up to the natural period of gestation and then a peculiar process of transformation had taken place. In the debate on this case, Dr. Priestley stated that although on her admission into King's College Hospital gastrotomy was not possible, yet, at an earlier stage, while the woman was still strong, and when urgent symptoms presented themselves, gastrotomy would have been the proper course.

A Case of Double Monstrosity, with Account of Delivery, by W. Wills, Esq., Totnes, Devon, and Mr. Owen of the same place.—On making an examination, two feet were found presenting, each being a left foot; two more were discovered higher up, and it soon became apparent that a monstrosity of some kind was present. Some delay took place at first, owing to Mr. Owen not being present to assist Mr. Wills. The nearest child was alive at first, but died in the passages. Chloroform was given, and delivery effected. Two infants joined abdominally were brought forth. They had one liver and one spleen in common, but were otherwise provided with duplicate organs, and were perfect in shape. The mother did well. This is the second monstrosity Mr. Wills has met with.

Case of Embolism of the Pulmonary Artery after Ovariectomy.—Dr. E. Parson, of London, one of the physicians to the Samaritan Hospital, showed a fibrinous deposit which had been taken from both the cavities of the right side of the heart of a woman who had undergone the operation of ovariectomy with a fatal result from the above cause. The case had been a simple one, the operation had been quickly, easily, and ably performed by Mr. Spencer Wells. During the first twenty hours things seemed going on as usual; but after that, the rising of the pulse, the vomiting, the thirst, the loaded tongue, all betrayed a deviation from the progress to health. A peculiar oppression then appeared, with indistinct heart's sounds, and a dusky hue about the face. The abdomen was tympanitic and death seemed imminent from a clogging up of the heart with fibrine. The symptoms that gradually supervened as this clogging became more extensive were very painful and peculiar; restlessness, vomiting, and an extraordinary pallor and coldness of the surface of the body. She died four days after the operation. On *post-mortem* examination the wound looked sloughy, and there

was a low form of diffuse peritonitis with effusion of some sero-purulent fluid.

Mr. Spencer Wells remarked that the peritonitis in this case was septic, due to the hospital atmosphere which at this time was injuriously affected by two other patients suffering from erysipelas and pyæmic fever. Dr. Parson states that if anyone could inform the Profession how the formation of these fibrinous deposits are to be prevented, a great boon would ensue, as hitherto treatment has not succeeded in hindering death where this condition has supervened. Ammonia has been tried without benefit. This case shows the great importance of the surroundings of women who are subjected to these severe operations.

Amputation of the Arm in Pregnancy is the subject of an interesting case by Albert Napper, Esq., Surgeon to the Cranley Village Hospital.

Amputation of the arm in a pregnant woman sounds somewhat sensational, for we have all been educated to a belief that nothing should be done to shock the system of a pregnant woman, who is supposed to be more sensitively alive to nervous impressions during this period than at any other. In the case under notice there was no alternative, and the operation was actually the removal of an irritant, and not the cause of irritation. A tall, fair, delicate, married woman, æt. twenty-three, pregnant with her first child, applied for relief with a strumous swelling of the right elbow. Disorganization was proceeding within the joint; there was great pain and profuse discharge. The sleepless nights and general hectic condition imperatively demanded assistance. The arm was amputated about the middle of the humerus, at the completion of the woman's seventh month of pregnancy. Her subsequent progress was most favourable, and her labour was natural at the usual period. A subsequent swelling over the left ankle occurred, but it healed after sloughing without injury to the bone. When seen at a later period, she was in good health and equal to her household duties.

(To be Continued.)

THE MONTH.

OCCASIONAL NOTES.

IN the matter of competitive examinations, the National mind is verging into weakness. That high appointments, such as our Indian civil servants obtain, should require such tests seems just enough, but that for minor appointments, with trivial salaries, the government should ordain trying ordeals is riding a hobby a little too far. Our members of Parliament are still selected chiefly for their wealth and standing in society, but a competitive examination might, in their case, prove a more wholesome regulation than in the case of umbrella keepers in our National Museum. The system of competition is a great fact, and one that John Bull imperatively demands, and where an examination can hardly be imposed, at any rate a system of competition is enforced. It is so just, and the best applicant invariably wins the prize. Competition has built our Houses of Parliament and will build our Palace of Justice. From the appointment of porter at a workhouse to the master of the same; from the prison doctor to the prison governor; from the resident apothecary at an institution to a medical officer of health, a competition is exacted. The little game of competition is a simple one, but it cannot be played by a tyro. Those who are without guile believe that the best candidate will win, and that, with an equal start, merit will make the running. In the medical profession, while there are many without guile there are more without means, so the entries for the loaves and fishes of competition, however small, are numerous. Our remarks are intended for the inexperienced players at this interesting game, and although we cannot undertake a treatise on the subject, we will give a few leading rules that must be rigidly attended to, or a player has not a shadow of a chance. An advertisement detailing the requirements necessary to be eligible for the appointment is the first step of the makers of this game, and some players start at this point. No one, however, but a beginner will make his first move at this stage. A successful player will have been much earlier in the field, and will have moved long before the executive have begun publicly to play. To innumerable testimonials a good deal of humble pie must be added. The latter must be distributed during the progress of an active canvass, before the other players have had time to begin. Local influence is better than fitness for office. A Lord Mayor or an alderman is a trump card, and a nobleman, as a backer, is not to be despised. Bishops, though occasionally useful, are uncertain, and a player must not rely upon them.

The "early bird" of the proverb, or the "early worm" of Lord Dundreary, will get the prize, provided he has friends who can influence the croupiers. The game of competition is well played by those who understand the game of influence, for the old-fashioned game of merit has exploded. Enthusiastic players wanting in judgment, and relying on their skill in this latter game, have been known to begin at the public opening of the play of competition, unmindful of friendly warnings of lateness in the field. But to be serious. It is quite right that town councils and governors of charities should do what they like with their own, and if they have nominees that they should place them, but the appointment should be quietly allotted, and advertisements for applicants should cease, for, by the latter means, the predetermined winner, in addition to receiving an appointment, is credited as the most meritorious competitor. The appointments may belong to the donors of them, but the reputations of the candidates do not, and we protest against them being offered up on the shrine of competitive humbug. The medical profession is not a rich one, and the game of competition always causes pecuniary loss. We would, therefore, advise our brethren in the profession to be content with but a moderate indulgence in this species of unprofitable excitement.

Differences of opinion exist with reference to the subject of the employment of educated ladies in the ranks of the medical profession. That there are certain phases of medical practice that would be revolting to women is undoubtedly the fact, and that the more acute sensibilities of the other sex might hinder lady doctors from shining in the operating theatre or in the accident wards of public hospital is also undeniable. Yet all, however bigoted, must confess that in the diseases peculiar to women and children a lady physician is in her proper sphere of usefulness. The quick instincts of a refined woman, trained and cultivated in the field of medical practice, will be of immense service to a numerous class of suffering females. There are many invalid ladies with such acute feelings that the very idea of going through the very slightest cross-examination by a medical man is abhorrent to them; they prefer solitary and painful suffering. Argument is useless in such cases, for acute delicacy of feeling, though considered morbid fancy by strong-minded theorists, is, nevertheless, a fearful reality to the sufferers. Medical aid is not always infallible, still it is a pity that any one should be beyond a trial of the restoring power of medicine. It is proper that hospitals should be kept sacred from prying curiosity, and that operations should not rank in the lists of "sensational" programmes for the idlers of London. It is doubly right that a special hospital for women should be hedged

round with twofold restrictions, but that the practice of such a hospital should be closed against the visits of our solitary English lady-physician betrays a narrow-minded policy and a bigotry on the part of its Committee of Management which the public and the medical profession will do well to censure. The general body of subscribers have not been consulted in the matter, and the imperilment of the interests of the London Samaritan Hospital for women and children rests, therefore, with the Committee alone, which, if unfit to advance with an improving age, should be replaced by a more competent and less feeble-minded body.

Any one frequenting the meetings of some of our medical and surgical debating societies, where cases are read and then commented upon by the assembled medical men, must have been struck with the fact that the chief point of interest seems to culminate in an endeavour to fix upon the first author of a particular theory or mode of practice. Numerous doctors in many parts of the world may have simultaneously eliminated certain theories, but the lucky man who has first placed his theory or his mode of practice on record in the press, takes umbrage if subsequent writers, equally early in knowledge, but later in the mazes of print, do not bow down and worship at his shrine. Abstract papers are more popular than those of a more practical nature, but although it may be a grand thing to be an acknowledged lion in the field of medical philosophy, it is better to be of use by the bedside of our sick and suffering fellow mortals. A comparison between the various modes of medical practice as to their successful issue would be more profitable than these useless discussions now too prevalent.

SUMMARY OF NEWS.

"They manage these things better in France!" so runs the saying, which in some instances is certainly true. A recent example of this has been given by the Emperor of the French, who, at the suggestion of the Minister of Agriculture, has granted three hundred medals, in gold, silver, and bronze, to those members of the medical profession who, during the late epidemic of cholera, zealously devoted themselves to the management of the cholera patients. It will be long, we fear, before a parallel to this recognition of meritorious services will be found in this country.

The Official Reports of Committees are generally dry reading at the best, but that which has lately been issued by the Committee on the Army and Navy Services contains some interesting matter in the Appendix. From it we learn that the total number of candidates examined for the Army Medical Service since 1856 is 922, of whom 713 were passed and 209 rejected. During the same period the number of candidates examined for the Naval Medical Service was 569, of whom 389 were found qualified, 167 rejected on account of insufficient medical knowledge, and 13 found physically unfit for the service. The number of medical officers in the

Army on Jan. 1st, 1866, was 1,082, in all ranks, including 717 assistant-surgeons. The total of medical officers in the Navy on the first day of this year was 578, including 272 assistant-surgeons. Since 1850, up to the present time, 117 medical officers have voluntarily left the Army, and 137 have left the Navy. The average length of service of assistant-surgeons in the army before promotion to the rank of surgeon is nine and a half years; that of the naval assistant-surgeons before promotion is about nine years. In the Crimean Campaign, 1854-56, no fewer than 46 army medical officers died, besides 3 dispensers, and 2 dressers. In the naval medical service, 10 medical officers died during the same campaign, and 3 were wounded. We are glad to note that 10 medical officers in the Army have received the Victoria Cross for bravery and gallant conduct, since the establishment of that order of merit.

A College of Science for Ireland is projected, and a commission of numerous scientific men, amongst whom are Dr. Carpenter, F.R.S., Professor Huxley, F.R.S., Professor Hoffmann, F.R.S., and Professor Jukes, F.R.S., has been appointed to determine upon the best means of carrying out the project.

The Jacksonian Prize of the College of Surgeons has been awarded to Mr. W. P. Swain, of Devonport, for his essay on "The Diseased Conditions of the Knee-Joint which require Amputation of the Limb, and on the Conditions which are favourable to Excision of the Joint." The other subject for this year—viz., "The Treatment of Popliteal Aneurism," failed to attract any competitors, and there will consequently be two prizes for disposal in 1867.

In a recent number, we referred to the great success of Dr. Richardson's new method of inducing local anæsthesia by etherisation. It has since then been extensively tried in various parts of the country by numerous medical men, all of whom report very highly of its value, and the ease with which it can be employed. At first there were plenty of detractors, who contended that the production of local anæsthesia by ether spray would only be found applicable to cases of minor surgical operations. On the contrary, it has been successfully employed in many operations of first-class magnitude, including a case of Cæsarean section, performed by Dr. Greenhalgh. This operation, which was performed in the presence of a large number of obstetricians, many of them foreigners, was very satisfactory, both in performance and in its results, and the patient, up to the last report, has progressed favourably towards recovery.

We have frequently commented, in this periodical, upon the unfairness of the system which has crept into vogue of exacting the services of medical men at hospitals and other public institutions without any remuneration, and we are always glad to put on record instances showing a contrary spirit on the part of the managing bodies of such charities. At the annual meeting, lately held, of the Governors of the Lincoln Dispensary, it was resolved that a sum of money should be set aside and appropriated as a remuneration to the medical staff of that institution. We also observe by the printed report of the Finsbury Dispensary, just published, that the two physicians and surgeon each receive £40 per annum as a recognition of their services, and that the committee, in expressing their sense of the valuable nature of these services, regret that the funds only allow of the payment of a very inadequate salary. Seeing that an institution, with an annual income of about £500, can apply £120 every year to *honoraria* for the medical staff, it is evident that the excuse raised by many larger charities, that they cannot afford to pay their medical officers, is as puerile as the system of gratuitous services is opposed to justice and common sense. If the members of our profession could only be brought to view the question of gratuitous services in a proper

light, we should hear less of the poverty and misfortunes of our unsuccessful brethren.

Apropos to this last point, we may mention that the annual festival of the Royal Medical Benevolent College, held on April 25th, Sir William Ferguson in the chair, was numerously attended, and that a good list of subscriptions and donations was announced. There are now in the College twenty-four pensioners, each of whom is provided with three comfortably-furnished rooms, an ample allowance of coals, and 21*l.* a year in money. The school has the full complement of 200 boys, besides a number of Day scholars who are not necessarily the sons of medical men.

KING'S COLLEGE HOSPITAL has lately received a munificent gift of 6,000*l.*, from Mr. Peter Pantia Ralli, a Greek merchant, resident in London, for the purpose of establishing a ward for poor sick children in that institution. Some handsome contributions have also been made to the funds of University College Hospital, and the appeal made at the anniversary festival on April 18th was warmly responded to. The Duke of Cambridge, who occupied the chair at the festival, availed himself of the opportunity to do a little recruiting for the Medical Department of the Army, and, according to the published account of the meeting, "observing that many medical men were present, was at considerable pains to express his sympathy with, and his respect for, the medical members of the service;" he eventually terminated his speech with a hope that the eminent medical men about him would use their influence to send to the army men who would make good and useful medical officers." After reading this speech, we felt almost inclined to ask ourselves the question whether there might not be two Dukes of Cambridge, as we had heard of one at the Horse Guards whose sentiments concerning the Medical Department of the Army seemed very different to those expressed by the chairman at the University College Hospital dinner.

A SANATORIUM FOR DUBLIN.—The managers of St. Vincent's Hospital, Dublin, have purchased Lyndon Castle, Blackrock, for the purpose of converting it into a sanatorium, to which they will send the convalescent patients to enjoy the benefit of country air, sea-bathing, &c., previously to returning to their homes. This is the first sanatorium ever established in Ireland.

ROYAL COLLEGE OF SURGEONS.—During the past fortnight, 216 gentlemen have gone through their primary examinations at the above institution in Anatomy and Physiology. Last week nine were referred to their studies on the first day, four on the second, and six on the third day, out of 108 candidates.

NORTHERN COUNTIES ASYLUM.—A meeting of gentlemen interested in the establishment of a Northern Counties Asylum for Idiots has been held at the Town Hall, Manchester. It was stated that the total subscriptions already received for the institution amounted to 27,000*l.*, and 50,000*l.* would be required.

CLOSING OF A ROMAN CATHOLIC HOSPITAL.—The hospital of St. John and St. Elizabeth, Great Ormond street, has been closed by the committee. The committee report that the expenditure for the past year has exceeded the income, and there is a debt due to their banker of £500.

EXTRAORDINARY BIRTH.—Recently, at Seaton, Mrs. Mowatt gave birth to four full-grown infants, two males and two females. Mother and children are doing well.

SURREY COUNTY HOSPITAL.—The election of honorary medical officers took place on April 17th, when Mr. H. S. Taylor, Dr. J. Stedman, and Mr. R. Eager were appointed; the Assistant honorary medical officers, Mr. J. Morton, Mr. T. Butler. Mr. Schollick, having been elected three weeks previously.

PROPOSED CHILDREN'S HOSPITAL AT CHELSEA.—The establishment at Chelsea of a Hospital for Children under fifteen years of age, has been proposed.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting of this Society, the following gentlemen were elected office-bearers for the present year:—President: Dr. Allen Thomson. Vice-Presidents: Dr. Robert Paterson, Dr. John Coats. Council: Dr. Naismith (Hamilton), Dr. W. T. Gairdner, Dr. Yeaman, Mr. Robertson (Renfrew), Dr. Dewar, Dr. Tindal. Secretaries: Dr. James Adams, Dr. Robert Perry. Treasurer: Dr. Howatt.

HOSPITAL FOR SICK ANIMALS.—In *Land and Water* is given the text of the will of Mr. Brown, who died December 27th, 1852, leaving £20,000 Three per cents. to accumulate for fifteen years, for the purpose of founding a hospital for sick animals. This sum now amounts to nearly £30,000, and a committee has been appointed by the Senate of the University of London, comprising Earl Granville, Mr. Grote. Mr. Robert Lowe, Sir E. Ryan, Dr. Storrar, Professor Miller, Professor Sharpey, Dr. Swain, Mr. Paget, and Mr. James Heywood, to take steps for carrying out Mr. Brown's wishes.

SOCIAL SCIENCE ASSOCIATION.—The mayor and corporation of Manchester have granted for the use of the Social Science Association at their meeting in October next, the assize court and other accommodation, and local officers have been appointed for the different stations. Rev. S. A. Steinthal, who acts as local general secretary, has made arrangement for a successful meeting, while the influential inhabitants have provided a guarantee fund of £10,000.

THE INJURIOUS EFFECTS OF NICOTINE PREVENTED.—M. Melsens has found that tobaccos, from various countries, contain nicotine in very different proportions. In tobacco from parts of France—*e.g.*, the department of the Lot—there is 7.96 per cent. of nicotine; whilst Havannah tobacco contains only 2 per cent. He proposes to smokers a way of preserving the effects of the alkaloid, and advises them to put into the tube of the pipe or cigar-holder a little ball of cotton, impregnated with citric and tannic acids. As the smoke passes through the cotton it will deposit the nicotine therein, in the shape of tannate and citrate.

MR. J. W. CLARK, M.A., Fellow of Trinity, has been elected Superintendent of the Museums of Zoology and Comparative Anatomy at Cambridge.

THE United States Congress has purchased Ford's Theatre (in which Mr. Lincoln was assassinated) as a museum for the medical department of the army, and for the disposal of documents relating to the soldiers.

CHARING CROSS HOSPITAL MEDICAL SOCIETY.—At the annual meeting of this Society, Mr. Sandwell, President, in the chair, the following gentlemen were elected office-bearers for the Session 1866-7:—Hon. President: Dr. Hyde Salter. President: C. W. Calthrop, Esq. Vice-Presidents: R. Bayley, Esq. Treasurer: J. G. Mackinlay, Esq. Hon. Secretary: W. P. Adams, Esq. Council: Messrs. Sandwell, Thornicroft, Whitney, and Whilkinson. Representatives of this Society serving on the Council of the Junior Medical Society of London: E. Sandwell, Esq., and C. W. Calthrop, Esq. After the election, Mr. S. S. White read the prize essay of the Society on Iritis. The prize awarded by the Society consisted of Aitken's "Practice of Medicine," together with two medical plates. The meeting then terminated with a vote of thanks to the retiring officers.

UNIVERSITY COLLEGE HOSPITAL.—The annual dinner of the North London or University College Hospital was held on April 18, at Willis's Rooms, when the Duke of Cambridge presided over a large assembly. After the usual loyal and patriotic toasts had been duly honoured, his Royal Highness remarked, in proposing the toast of the evening, that the annual expenditure incurred in maintaining the hospital was 6,500*l.*; but

the subscriptions did not amount to more than 1,000*l.* a year, and although the physicians and surgeons made a donation to the charity of the fees they received from the students who walked the hospital, yet a deficit was left of nearly 4,000*l.*, to meet which the public was appealed to. He regretted that the response to this appeal did not admit of the maintenance of a sufficiently large permanent staff, nor could the committee receive into the hospital as many patients as their wards would permit. Nevertheless the hospital had done great good. 1,396 in-patients, and 10,415 out-patients were attended to during the past year; relief was given in 1,446 ophthalmic cases, and nearly 12,000 casualties were attended to. His Royal Highness also observed that he had recently inspected the hospital, and could bear personal testimony to the excellent way in which it was conducted. He especially referred to the nursing arrangements, which were conducted by the sisters of All Saints' Home. In doing so he extolled those ladies for their self-denial, and expressed his conviction that the good they did, not only in connexion with the physical, but also the mental ailments of the patients, was incalculable. In proposing the toast of the Army and Navy the noble duke assured his hearers that the most cordial feeling existed on the part of the army to the medical profession, and he trusted that a reciprocal feeling would be exhibited in the shape of a large number of efficient candidates for the post of army surgeons. It was announced in the course of the evening that a legacy of 2,000*l.* had been left to the institution by the late Mr. Goldsmid. The subscriptions amounted to 1,500*l.*

WANT OF SMALL-POX HOSPITALS.—On April 11, Dr. Hillier, medical officer of health for St. Pancras, reported to the vestry that during the past month there has been only one fatal case of small-pox in the parish, but there were ten cases under the care of the parochial surgeons, and he states the disease is very prevalent in some parts of the metropolis, and the Small-pox Hospital is quite full. One day last week a patient was sent from the neighbourhood of Tottenham-court road to the Small-pox Hospital, and was sent back because there was no room in the hospital. This is another illustration of the need of increased hospital accommodation for the London poor. One small-pox hospital with 100 beds for 3,000,000 people is totally insufficient; besides, the addition of any one hospital from parts of London is much greater than any sick poor ought to travel. Although the existing hospital is just across the boundary of the parish, yet it is a long journey from the southern parts of the district. What is it, then, from Greenwich, Lewisham, Lambeth, St. George's-in-the-East, and other districts?

AT MARLBOROUGH STREET, Dr. John Harvey, of No. 31, Grosvenor street, waited on Mr. Tyrwhitt to solicit his advice. He is the author of a work on the nervous functions, and a copy of the *Worcester Herald* being forwarded to him, he found among the advertisements one of a book bearing the same title as his own, purporting to be written by a London physician. He procured a copy of it, and found it was written by a person whose name is not in the *Medical Directory*, but is in a book called "Quacks and Quackery," reprinted from the *Medical Circular*. On looking at the title-page he found it different from that of his work—the title of his work being only used in the advertisement. Mr. Tyrwhitt said the applicant might go to the Court of Chancery for an injunction. Dr. Harvey said it would be perfectly useless to commence law proceedings against this person. The advertisement in the country papers was calculated to do him much injury, besides causing him great annoyance. Mr. Tyrwhitt having looked at the books and the advertisement, said the matter clearly had the appearance of an attempt to deceive. The press would, however, afford the best redress, it being very hard that the applicant should either have to appeal at a great expense to the Court of Chancery or sit down and put up with the injury to his reputation.

PASS-LISTS.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on the 26th March, Thomas Watson, M.D. Cantab., D.C.L. Oxon., was unanimously re-elected the President of the College for the ensuing year. At the same meeting the following gentlemen were admitted members of the College :—William Tilbury Fox, M.D. Lond., Sackville street; Robert Liveing, M.D. Cantab., Harley street; Edward Parson, M.D. Lond., York street, Portman square. On the 16th inst. the following gentlemen were duly admitted to practice physic as Licentiates of the College :—Thomas Thornily Brooke, Stockport; George Carr Dunn, Stanley gardens; Henry James Ebery, St. Stephen's by Saltash, Cornwall; John Cooper Garman, Wednesbury, Staffordshire; Richard Samuel Purnell Griffiths, Dudley place, Harrow road; George Augustus Hicks, Torquay; William Hoffmeister, M.D. Heidelberg, Cowes, Isle of Wight; Jordan Roche Lynch, Horbury terrace, Notting hill; George Monlas Slaughter, Fort Pitt, Chatham; Thomas Wise, Castletown, Isle of Man. At the same meeting the following were reported by the examiners to have passed their Primary Examination. :—Robert Vasy Ash, St. Mary's Hospital; George William Barroll, St. George's Hospital; George Earp Burton, Liverpool; Edward Noble Edwards, Guy's Hospital; William Betts Giles, Guy's Hospital; Thomas George Palmer Hallett, University College; Richard Clement Lucas, Guy's Hospital; William Gordon Maddox, University College; John Aaron James Timmins, St. Bartholomew's Hospital; John Greaves Wiseman, Guy's Hospital.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examination in Anatomy and Physiology at a meeting of the Court of Examiners on the 10th inst., and when eligible will be admitted to the pass examination :—J. L. Moseley, A. H. Baines, C. J. Sells, F. S. Daldy, Charles Munden, J. G. Carruthers, W. B. Lewis, C. J. Worts, George Stokell, W. J. Bennett, J. W. Barry, William Kipling, John Lloyd, J. J. Bingham, William Price, David Havard, C. H. Joubert de la Ferte, Inman Welsh, Friend Lewin, T. A. Roberts, R. C. Sanders, W. H. Causton, George Salt, W. J. Barkas, T. O. Wood, J. T. Parkinson, W. A. Cox, Edward Jackson, T. W. Lee, H. L. Snow, William Dobson. The following passed their examination on the 11th inst. :—Edward Hewer, R. M. Bradford, J. T. Williams, C. B. Crowfoot, N. H. Jarvis, George Andrews, Richard Rendle, R. L. Wilson, J. G. Wiseman, J. B. Saundry, Frederisk Taylor, Edward Sunderland, A. H. Buck, Adam Wilkinson, William Powell, Edward Stephens, William Younghusband, J. R. Haynes, C. C. Winckworth, H. E. Hetling, T. D. Saunders, George Thompson, F. W. Wimberley, John Bateley, Clement Dukes. The following passed on the 12th inst. :—William Roche, John Curnow, A. F. M'Gill, Daniell King, Wm. Webster, W. B. Kendall, John de Liefde, T. W. Joy, F. W. Salzmann, Branford Edwards, R. M. Cole, Charles Higgins, J. A. Lormier, Alex. M'Gregor, John Gosse, D. H. B. Anderson, John Giles, William Anderson, N. C. Dobson, John Fairbank, Alfred Hollis, J. J. Swindell, Walter Maine, J. G. Black, B. P. B. Burroughs, Anthony Foster, Evan Williams. The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th inst., and when eligible will be admitted to the pass examination :—Edward Coulson, J. A. Sharp, J. F. P. M'Connell, Benjamin Walker, Lancelot Newton, Joseph Gabe, T. J. Burroughs, W. T. Thurston, Charles Wade, E. R. Evans, J. R. Morgan, W. W. Saul, J. M. Kirkman, R. L. Sheffield, J. B. Ryley, Joshua

Duke, Henry Gould, H. T. Butlin, William Little, H. E. Juler, A. C. Air, and Samuel Bidwell. The following passed their examination on the 18th inst. :—W. H. Wood, Joseph Massingham, J. R. Lazenby, J. W. Blandford, T. H. Pinder, Robert Lang, J. T. Fox, Edward Young, C. W. Chapman, A. O. M'Keller, Alfred Peon, Clifford Crewe, George Amsden, C. W. Milne, Frederick Pollard, Samuel Alford, E. W. Minter, Arthur Atkinson, Charles Aldridge, Reginald Bayley, Charles Richardson, F. B. Besly, Henry Case, G. A. Woods, T. H. Hickman, Peter Ryder, J. F. Goodhart, J. E. Burton, Walter Hart, J. F. Codrington, Alfred Trubshaw, and P. T. Scott. The following passed on the 19th inst. :—Joseph Wharton, Fred Wallace, Albert Williams, W. A. Hunt, John Webb, Thomas Fawsitt, John Orton, Fletcher Beach, J. H. Humphreys, M. W. W. Chorley, J. G. Blackley, J. T. Gobat, F. M. Pierce, Richard Hughes, R. L. Roberts, William Swan, (B.A. Oxon), Thomas Greenhalgh, F. B. Davies, W. H. Middleton, W. J. G. Bedford, James Brown, Alexander Fox, R. H. Prior, George Mason, T. C. H. Spencer, Alfred Ashley, W. W. G. Stables, J. R. Hughes, W. R. Cortis, and W. D. Butcher.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd ult. :—Horace Basan, Castle street East, Berners street, W. ; John Edward Montague Finch, Salisbury ; Joseph Loane, Dock street, E. ; Thomas Edward Roberts, Gibraltar. The following gentlemen also on the same day passed their first examination :—George Langsford Clag, Queen's College, Birmingham ; Richard Francis Hay, London Hospital ; Frederic Howse, Charing-cross Hospital. On the 29th ult. :—James Webb Booth, Queen street, Huddersfield ; William Gillett, Westminster ; Harry Bunill Glaister, Southwell, Notts. ; George Cooper Saunders, Earlswood, Redhill, Surrey ; John Henry Simpson, County Asylum, Gloucester ; Henry Warlow, Haverfordwest. The following gentlemen also on the same day passed their first examination :—Lawrence Clapham, St. Bartholomew's Hospital ; Lancelot Newton, St. Bartholomew's Hospital. The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 5th ult. :—Alexander Thorburn Macgowan, L.R.C.P., M.R.C.S., Caversham road, N.W. ; William Thomas Cassell Pratt, Newport, Monmouthshire. The following gentlemen also on the same day passed their first examination :—George William Barroll, St. George's Hospital ; John Bately, Sydenham College, Birmingham. The following gentlemen received certificates to practise, on the 12th inst. :—Thomas Bailey, Gough street North ; Thomas Bell Hay, Caledonian road, N. ; John Lorimer, Carlton hill, St. John's wood. The following gentleman also on the same day passed his first examination :—J. A. J. Timmins, St. Bartholomew's Hospital.

MEDICAL APPOINTMENTS.

Anderson, D., L.R.C.P. Edin., Med. Off. Stanwix Dist., Carlisle Union, *vice* Walker ; Adams, Mr. J. O., Med. Off. Dist. 3 Plymouth Incorporation of the Poor, and one of the P.V.'s of St. Andrew's Dist., *vice* Hicks ; Arldridge, J. T., M.B., Certifying Factory Surg. Longton Dist., *vice* Goddard ; Armistead, J. W., M.R.C.S., Res. Ass. Med. Off. Leeds Pub. Disp., *vice* Haigh ; Browne, F. H., M.R.C.S., Med. Off. Ilminster 1 Dist. Chard Union, Somersetshire, *vice* Burt ; Buckingham, J., Med. Off. Dist. 2, Cambs. Union, *vice* Ransom ; Beamish, W., M.D., Vice-Prest. Cork Med. Protective Assoc., *vice* Corbett ; Buchan, C. F., M.B., Med. Off., and P.V., Dists. 3 and 5, and Workhouse, Tunbridge Union, *vice* Dakins ; Blasson, G. J., M.R.C.S., Med. Off. and P.V. Heckington Dist., Sleaford Union, Lincolnshire, *vice* Franks ; Bottle, Alex., M.D., Sen. House-Surg. Leeds Pub. Disp., *vice* Bott ; Butler, T. M., M.R.C.S., Hon. Asst. Med. Off. Surrey County Hosp., Guildford ;

Clements, G., M.R.C.S., Sen. House-Surg. Royal Infirm. and Disp., Manchester; Currie, T., L.R.C.S., Surg. H.M.'s Seaman and Coastguard Boulmer, &c., *vice* Duncan—also P.V. Warkwork Dist. Alnwick Union, Northumberland; Clayworth, C. C., L.R.C.P. Edin., House-Surg. London Hosp.; Cookson, E., L.S.A., Res. Asst. House-Surg. Leeds Pub. Disp., *vice* Quin; Douglas, Asst.-Surg., Surg. 3 Durham Rifle Vols., *vice* Pyle; Doudney, Mr. E., Asst. House-Surg. Canterbury Hosp., *vice* Rigden; Eyton, A., L.R.C.P. Edin., Med. Off. and P.V. Overton Dist., Ellesmere Union, Salop, *vice* Churchill; Ellerton, J., M.D., Surg. North Riding Infirm., Middlesborough-on-Tees; Foster, J., M.R.C.S., Med. Off. and P.V. Horton, East Dist., Bradford Union, Yorks., *vice* Brown; Fennell, T., M.R.C.S., Phy.-Asst. Roy. Inf. and Disp., Manchester, *vice* Hulme; Fish, R., M.R.C.S., Asst.-Surg. London Rifle Brigade; Fulton, T., M.D., Med. Off. and P.V. Saintfield Disp. Dist., Lisburn Union, *vice* Borege; Godfrey, F., L.R.C.P., Asst.-Surg. H.M.'s Convict Prison, Gibraltar; Godfrey, J., L.R.C.S., Asst.-Med. Off. Barnhill Poorhouse, Glasgow; Grubb, R. T., M.R.C.S., House-Surg. St. Mark's Hosp.; Gilbert, H., M.R.C.S., Med. Off. Dist. 3 Dudley Union; Harrison, Mr. R., jun., Surg. Liverpool Northern Hosp.; Herbert, H. E., L.S.A., Med. Off. and P.V. Dist. 3 Hastings Union, *vice* Skinner; Hitchin, W., M.R.C.S., Med. Off. and P.V. 2 Dist., Keynsham Union, Somersetshire, *vice* Simpson; Hunt, J. P., L.R.C.P. Edin., Med. Off. and P.V. Windelsham Dist., Chertsey Union, Surrey, *vice* Blount; Hayward, S., M.D., Hon. Med. Off. Pimlico Disp., &c., *vice* Brighthouse; Hickman, W., M.B., Surg. to Out-Patients Samaritan Free Hosp. for Women and Children; Junker, F. E., M.D., Phys. to Out-Patients Samaritan Hosp.; James, W., M.R.C.S., Med. Off. and P.V. West Dist. Newport Union, Monmouthshire, and Med. Off. Fever Hosp. and House of Refuge, *vice* Hawkins; Karkeek, P. O., M.R.C.S., House-Surg. Gen. Infirm., Chester; Kerbey, W. H., M.R.C.S., Med. Off. and P.V. Dilwyn Dist. Weobley Union, Herefordshire, *vice* Crickway; Larcomb, S. S., M.R.C.S., Med. Off. and P.V. Castle Cary Dist., Wincanton, Somersetshire, *vice* Wallis; Lyons, R. D., M.B., Phys. Richmond Hosp., Dublin, *vice* Corrigan; Morton, J., M.B., Hon. Asst. Med. Off. Surrey County Hosp., Guildford; McCormack, M. G., M.D., Med. Off. of Health, Southampton; Murray, T. S., L.K.Q.C.P.I., Med. Off. and P.V. Tobercurry Disp. Dist. Union, Co. Sligo, *vice* McCarthy; Mushet, W. B., M.B., Phys. North London Consumption Hosp., *vice* Dr. Macgowan, resigned; McGloin, P. F., M.D., Med. Off. and P.V. Aclare Disp. Dist., Tobercurry Union, Co. Sligo; Muir, P. D., M.D., Med. Off., Wombwell Dist., Barnsley Union, Yorkshire; Mattress, C., M.D., Asst.-Surg., 3rd Durham Rifle Volunteers; Owen, W. B., L.R.C.S. Ed., Surg. Clergy Orphan School, *vice* Lucas; Plaister, W. S., M.R.C.S.E., Med. Off. St. Weonards Dist., Ross Union; Pullan, H. W., M.R.C.S., Med. Off. and P. V., Belton Dist., Thorne Union, Yorkshire, *vice* Pullan; Page, W. T., M.R.C.S., Surg. Peckham Rye Disp., *vice* Roberts; Pritchett, J. L., L.S.A., Med. Off. Castle Bytham, Dist. Bourn Union, Lincolnshire; Quin, J. H., M.R.C.S., House-Surg. and Apothecary Lincoln Gen. Disp., *vice* Clayworth; Rogers, W. R., M.D., Phys. In-Patients Samaritan Hosp.; Robinson, J. C., L.R.C.P. Ed., Med. Off. and P.V. Coxwold District, Easingwold Union, Yorkshire, *vice* Skaife; Roberts, Dr. J. C., Med. Off. South Peckham Dist., Camberwell Parish; Roberts, F. T., M.B., Phys. Liverpool Northern Hosp.; Rigden, G. W., M.R.C.S., House-Surg. Taunton and Somerset Hosp., *vice* Gibson; Schollick, T. J., M.R.C.S., Hon. Asst. Med. Off. Surrey County Hosp., Guildford; Sealy, G. J., M.D., Med. Off. and P.V. 4 Dist. Chertsey Union, Surrey, *vice* Harcourt; Simpson, J., L.R.C.P. Ed., House-Surg. Leith Hosp. and Edin. Humane Society and Disp., *vice* Forbes; Sims, Marion, Consult.-Surg. Acc. Pimlico and Westminster Institute for Diseases of Women and Children; Sadler, H. G.,

M.R.C.S., Med. Off. and P.V. Dist. 3 Bridge Union, Kent, *vice* Tassell ; Smith, C. S., M.R.C.S., Med. Off. and P.V. Dist. 2 Pewsey Union, *vice* Barrett ; Smith, J., M.R.C.S., Med. Off. Dist. 2 Dudley Union ; Smith, C., M.B., Resident. Med. Off. Metropolitan Free Hosp., *vice* Fairbank ; Thorp, H. J., L.R.C.P. Ed., P.V. St. Saviour's Dist., St. Saviour's Union, Southward, *vice* Hibbard ; Taylor, J., M.R.C.S., Asst. House-Surg. General Infirmary, Chester ; Tatham, H. De, L.R.C.P., House-Surg. St. Mary's Hosp. ; Veitch, W. Y., L.R.C.P., House-Surg. North Riding Infirmary, Middlesborough, *vice* Ellerton ; Weaver, J., L.R.C.P., Surg. Staffordshire County Police Dist., Longton and Fenton, *vice* Goddard ; Webster, C., M.R.C.S., Med. Off. and P.V. Bewdley Dist., Kidderminster Union ; Wilde, Sir W. R., L.K.Q.C.P.I., *vice* President Royal Irish Academy ; Wilks, A. G. P., M.B., Med. Off. East Dist., Gower Union, Glamorganshire ; Woodcock, J. R., M.R.C.S., jun. House-Surg. Royal Infirmary and Disp., *vice* Clements ; Williams, A. W., M.D., Phys. Out-Patients Samaritan Hosp. ; Weir, M., M.R.C.S., Med. Off. and P.V., Antrim Disp. Dist., Antrim Union, *vice* Spearing.

OBITUARY.

Allardyce, J., M.D., Surgeon, half pay, 5th Garrison Battalion, on April 6, aged 84.—Beckett, A. R., L.F.P., at Liverpool, on March 10, aged 28.—Brown, R. C., M.D., at Arkley Lodge, Barnet, Herts, on March 22, aged 66.—Brydone, J. M., retired Staff-Surgeon, R.N., at Petworth, Sussex, on March 29, aged 86.—Crothers, James, Surgeon at Castlewellan, on March 27, aged 75.—Clarke, E. S., M.D., Rathmines, Co. Dublin, on April 3.—Cheesewright, Wm., M.R.C.S., of Sturminster, Newton, Dorsetshire, on March 28.—Crabbe, Benjamin, L.R.C.S. Ed., Surgeon, R.N., at Strabane, Co. Tyrone, on March 18, aged 32.—Cambridge, Dr. S., at Cheltenham, on March 19, aged 94.—Dunn, James, M.D., of Keloin House, Cape Hill, on March 19, aged 78.—Davies, S. S., M.R.C.S., of Pembridge, Herefordshire, on Feb. 12.—Dunn, Wm., M.R.C.S., of Wolverhampton, on April 4, aged 62.—Frizell, C. M.D., at Warrington place, Dublin, on March 19, aged 84.—Fairbairn, W. H., M.D., Surgeon Major, Army, H.P., at Jermyn street, St. James's, on March, 23, aged 48.—Galton, R. C., M.D., at Hadzar, Worcestershire, on March 22, aged 35.—Glass, J., L.F.P., of Kent street, Glasgow, on March 31.—Galindo, R. M., M.D., of Noel street, Islington, on April 7, aged 72.—Harland, Wm., M.D., of Scarborough, on April 6, aged 79.—Harrison, George, F.R.C.S., Grosvenor street and Walton-on-Thames, on April 12, aged 60.—Hodges, F.S., M.R.C.S., of Brompton road, on April 12, aged 43.—Hocking, R. M.D., at Avenue House, Acton, Middlesex, on March 21, aged 61.—Hawkins, James, L.R.C.P. Ed., of Newport, Monmouthshire, on March 21, aged 52.—Hall, D. J., M.D., at Eastbourne, Sussex, on March 23, aged 61.—Jones, W., M.D., at Lutterworth, on March 27, aged 86.—Livingstone, Mr. J., Medical Student, Edinburgh, at Amulree, Perthshire, on April 15, aged 22.—Lindsay, John, L.F.P., at Glasgow on March 19.—Mackesy, J. P., M.B., of Waterford, on April 3, aged 50.—Milder, E., M.D., of Argyle street, Glasgow, on April 5, aged 44.—Mackenzie, Wm., M.D., at Carlton Terrace, Edinburgh, on March 28, aged 85.—Parker, John, M.R.C.S., of Wincanton, Somersetshire, on March 24, aged 59.—Swann, H. J., L.F.P., of Barrowden, Rutlandshire, on March 20, aged 48.—Seaton, Thomas, M.R.C.S., of West Malling, Kent, on March 24, aged 74.—Scott, Wm., M.D., at Greenwich, Kent, on April 12, aged 41.—Seymour, E. J., M.D., of Charles street, Berkeley square, on April 16, aged 70.—Thomson, E. D., Army Medical Department at Gibraltar, on March 6, aged 32.—Woodward, Henry, M.R.C.S., at Bicester, Oxfordshire, on April 4.—Wylie, J. D., M.D., at Wynce-Tall, North-Western Provinces, India, on Feb. 19.

THE MEDICAL MIRROR.

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ORIGINAL COMMUNICATIONS.

On the Duality of Venereal Ulcers. By DR. COLOMIATI
MEREDYTH.

SINCE 1508, when George Vella first incorporated the simple chancre with the symptoms of syphilis, and Nicolas Massa who, in 1532, did the like with the chanceroous bubo, which is the sure index of the simple chancre, followed by Brassavola who, in 1551, included blennorrhagia in the same morbid unity, the various aspects of venereal disease have, until recently, been classed under two sections—viz, Blennorrhagia and Syphilis, the latter enjoying two distinct characteristics—1st. The soft or simple chancre; 2nd. The indurated or infecting chancre.

All venereal diseases possess in common the property of being eminently contagious, particularly by close intimacy of the sexes—hence their generic denomination. Their transmissibility is alone important as being the cause of attributing to them a common principle called the "*venereal principle*." From this unity of contagious principle was naturally derived an unity of disease and, in due course, from this factitious source has flowed the fertile streams of misapprehension and error to merge in the mighty waters of discord. Thus, by some it has been regarded as locally contagious, by others as generally contagious, and by Hunter as a compound involving both eventualities. But of late years many eminent writers on syphilis have endeavoured, by conscientious and laborious research, to elucidate the various anomalies which venereal affections, thus defined, so frequently present. This research has revealed facts, supported by experiments, that lead to the conviction that these apparent contradictions are owing to an artificial grouping, under one head, of three distinct diseases, essentially different. Separate the diseases, observe them independently of each other, mark their individual evolutions, and all anomalies and contradictions disappear.

The issue to be decided is not the manifestations of syphilis—on that point we are all agreed—but the source of those manifestations. The adherents of unity say, all affections of the genital organs, originating in an ulcer, spring from *one* contagious principle; we dualists say, the affections of the genital organs, originating in an ulcer, are derived from *two* contagious principles—first, one purely local, limiting its action to the part affected; second, one general or constitutional creating a diathesis.

In order to establish this duality, an historical summary of the origin of venereal disease is necessary. The doctrine of the plurality of venereal diseases is not new; on the contrary, it was professed by the earliest authors who have written on the subject, and is in accordance with the oldest traditions of medical science; however, the traditions of this doctrine had fallen into such complete oblivion, that it is but just to view it as the result of one of the most praiseworthy labours of modern medical research.

Mr. Rollet, in the first chapter of the first part of his *Traité des maladies vénériennes*, after forming a synonymy, shows by numerous texts of the old writers beginning by Celsus—who is the first to have given a complete description of the simple chancre and its complications—up to the outbreak of the great epidemic of 1495, that they all agree in classing venereal diseases among local affections. It may, therefore, be said of the simple chancre and its derivative the chancrous bubo, that it has existed at all times, either in a sporadic or endemic state; that in the middle ages it reigned endemically, and, that in the 15th century, at the appearance of syphilis among us, it was not confounded with the new disease. Even Vella himself, in his *Opusculum*, distinctly recognises that there existed ulcers on the genital organs, arising from impure intercourse, previous to the appearance of syphilis; but between these ulcers and those of syphilis he will not see any difference. Avicenna had attributed to natural phlegma the cause of the ulcers of the penis; so Vella goes to prove that syphilis is also engendered by this same natural phlegma, whence he concludes that the old ulcers described by Avicenna and the new ulcers characterizing syphilis, are but of one and the same species. Two different diseases appear with a long interval between them, but both are contagious ulcers, both affect the genital organs and are contracted by intercourse, and this particularity justifies merging them into one.

How this theory of unity could be established and have remained unassailed for three centuries and a half, I am utterly unable to conceive, for, than that the epidemic of the 15th century was a new disease, with distinct characteristics, nothing seems more clearly proved and, at its outbreak, more generally recognized.

Astruc, in his researches into the origin of the epidemy of the 15th century, cites a vast number of authors to show that the disease was new in Europe and, at its appearance, entirely unknown to the physicians of the day. Nevertheless, Astruc has overlooked many and of the most important which have since been comprised in the learned Gruner's *Aphrodisiacus* where are to be found extracts from the valuable book of Marcellus Cumanus, an author then enjoying great celebrity, who was with Alexander Benedictus, surgeon of the Venetian troops, precisely at the moment when Charles the Eighth defeated them at the battle of Fornova.

If on the one hand all authors, previous to the great epidemy of 1495, agree in describing the ulcers of the genital organs as a common ulcer; on the other hand, the best contemporary observers of the new disease and their successors point to the *hardness* as a striking characteristic of the new ulcer. Moreover, although the tradition of the characteristic hardness or induration, has come down to us in an unbroken chain from the great epidemy of the 15th century, it cannot be traced back beyond that period; this is also made manifest by the texts collected by Gruner.

Of all contemporary descriptions of the disease, none is more complete and faithful in its details than Fracastor's. After alluding to the mutual charge of the French and Neapolitans of having brought the evil among them, Fracastor styles the new disease *Syphilis*, by which name it has come down to us, and proceeds with the symptoms. "In some," he says, "the evil commenced *without contagion*," . . . , in others (and that was in the greater number) "it was transmitted by contagion." "Every kind of contact was not sufficient to give it birth; it was necessary that two bodies should have become heated together," which notably happens by coition; "so by coition were they affected for the most part; however, a good number of children contracted the disease from sucking the breasts of their infected mothers or nurses."

The contagion does not manifest itself at once an incubation takes place, varying from one to four months. The "*exordium of the disease*," to use the words of M. Ricord, were "ulcers similar to those which are accustomed to develop themselves on the genital organs after coition and which are called *caries*, BUT OF A VERY DIFFERENT NATURE *for, cured in one place, they broke out afresh in another*." . . . Then follow descriptions of the whole series of secondary and tertiary symptoms in their various aspects "pustules with scabs" . . . most frequently on the head, at first small, increasing by degrees to the size "of the cup of an acorn, which they figured," these pustules are "small and dry," or "large and moist" varying in colour; when they burst abundant "fetid and sanious liquid issued" and

became so many true ulcers which not "only consumed the flesh but the bones" "Those whose upper parts were attacked had acute fluxions which gnawed away sometimes the palate" sometimes "the trachea" sometimes "the throat and tonsils" some lost "their lips" others "their noses" others "their eyes" others "their genital organs." Gummatous tumours of the size of an egg burst and ulcerated, accompanied by a white mucilaginous discharge; intolerable pains arose, felt principally at night, their seat was not the joints, but the body of the limbs; some times "pustules without pains," sometimes "pains without pustules" most frequently "both pustules and pains." He then dwells on the modifications which the disease has undergone in his own time; at first, less pustules, but more gummatous tumours; pains when they occur are more intense; later, "pustules only on a few," "scarcely any or no pain, but many tumours."

Is there any common principle in this disease and the local venereal disease described by Celsus, Avicenna, Guy de Chauliac, Valescus, &c. ? No ! I say it is a new and general disease, owing its source to a virus, and by virus I understand an element which influences and specially modifies the whole organism.

Fracastor's statement that the disease had changed with age has enjoyed much favour; a serious disease, in which several milder ones become incorporated, necessarily assumes a new aspect, and the idea that, by time, the disease may have lost some of its gravity naturally suggests itself.

When it showed itself for the first time in Europe, syphilis was then what it now is, and if any notable difference is to be found between the descriptions of the contemporaries of the epidemic and those of later times, this is to be reconciled by the fact that they described syphilis *alone*, and before it had become confounded with venereal diseases.

I will conclude this part of my paper by an allusion to Astruc. "As this man," says Mr. Rollet, "was a great scholar, and necessarily must have accepted what so many and such authentic documents demonstrated to him, we have seen what theory he has imagined. The simple chancre, the chancreous bubo, and blennorrhagia anciently existed; for him they were chancres, and blennorrhagia, that had nothing syphilitic about them. So far, nothing better. But syphilis was described in a certain manner by the contemporaries of the epidemic of the 15th century; later it is found accrued by several new symptoms, and notably by the bubo and blennorrhagia, it is, he says, that syphilis has modified, transformed itself. And thus must reason all partisans of venereal unity; for if it be not admitted that the simple chancre, the chancreous bubo, and blennorrhagia have, at a given time, been wrongly confounded

with syphilis, it must of all necessity be admitted, that it is syphilis itself which has degenerated into the simple chancre, the chancreous bubo, and blennorrhagia. There is no middle course : either we must enter with a firm step into the doctrine of the plurarility of venereal diseases, or by force pass through all the syphilitic periods of Astruc, or at least, adopt his theory of the successive metamorphoses of the disease."

According to Mr. Gascoyen, "the supporters of the identity of the virus account for the differences observed, at one time a soft chancre, at another an infecting chancre, &c., by the peculiar idiosyncrasy of the person, state of his health or constitution, susceptibility or non-susceptibility to the reception of the disease, condition of the tissues in which the virus has been deposited, and source from which it has been obtained." Source! agreed! for the source is everything. But what do the Unitists understand by source? They cannot mean the peculiar idiosyncrasy, &c., for these might modify, but could not create a source; but supposing this complex source, a series of observations most elaborately carried out establish beyond doubt that it has nothing whatever to do with one form or other of the disease. Mr. Gascoyen's personal opinion is that the "diversity of action is due to the period at which the virus has been inoculated, whether by the lancet or physiological contact," and he bases this opinion on the active analogy between the virus of vaccine and that of syphilis. Let us examine this pretended analogy. The comparison of vaccine to syphilis can only hold good in the first stage. The two diseases inoculated in the first stage, both determine a diathesis. So far so good; but the diatheses of the two diseases, beyond the first stage, cannot be compared; inasmuch, that the vaccinal diathesis is no longer inoculable when the vesicle is transformed into a pustule; whereas, syphilis is inoculable in all its forms, even in the blood drawn from a syphilitic subject. Opinions are very respectable, especially when they result from honest convictions, and I have no doubt of the integrity of Mr. Gascoyen's; unfortunately, opinions often rest on very shaky foundations when these do not rest on incontrovertible facts.

Now we dualists when we say *source* we mean *seed*, and we cannot admit that the *same seed*, according to its age or the soil in which it is planted, will produce *two* different fruits. We maintain that chancres always reproduce themselves in their own species. The indurated chancre, *only* the indurated chancre; the simple chancre, *only* the simple chancre—*two pathological species entirely independent of one another*. This axiom for us is based on innumerable experiments.

Indeed, each species must necessarily reproduce its like; otherwise, how shall we account for that most persistent of syphi-

lisers, Dr. Lindman,* who inoculated on himself the prodigious number of 2,200 chancres, *never* producing an indurated chancre, *previous* to inoculating himself with matter taken from ulcers on the tonsils of one of his friends, in full syphilitic evolution. Eleven days after this he perceived at the point a papule about the size of a pin's head, palpably hard and of a pinkish red. About the fifteenth day the papule had spread, was covered with a scab, became an indurated chancre, recognized to be such by M. Ricord, and forty-five days later succeeded the secondary symptoms. The same thing happened to Dr. Warnery of Lauzanne, after thirteen inoculations of the soft chancre, he inoculated himself with the indurated chancre; after an incubation of twenty-three days, a chancre of the same kind showed itself at the point inoculated, followed in due course by syphilitic manifestations.

Respecting peculiar idiosyncrasy, &c., a summary of the tenth section of the second chapter of M. Bassereau's work will suffice. Nothing can be more complete—age, sexes, season of contagion, number of contagious, temperaments, constitutions, sanitary conditions, insufficiency of alimentation, excesses of drink, &c., preceding, intercurrent with, or succeeding acute diseases—every contingency is met. After admitting that many, thirty and forty years after being affected, have never displayed any constitutional symptoms, although they had been treated only locally, and even then without mercury; whilst others, after several contagions locally treated, also escaping without accidents, have, on a fresh contagion, suddenly presented constitutional manifestations,—he asks, what is the cause that gives so different an activity to the chancre, there an action entirely local, here a general action so infectious of the economy? Warning those whose minds have been trained to respect accepted ideas not to be startled by the novelty of the propositions in this section, he proceeds to set forth the results of his investigations, requesting critics in good faith to take time in verifying the facts adduced, and pay scrupulous attention to their examination.

* Here are the words of Dr. Lindman himself as they are recorded, with his permission, by Mr. Fournier, in note III. to Ricord's "Leçons sur le Chancre":—

"I have made upon myself a very considerable series of inoculations with the pus of the *simple chancre*, and I am still making some daily. I counted very exactly *two thousand two hundred*, since I have attained that figure I have no longer counted; but I have by a great many gone beyond that number, *by several hundreds at least, five hundred may be*. I have again inoculated myself lately, and *always with the same success*. NEVER ONE NEGATIVE INOCULATION WITH THE PUS OF THE SIMPLE CHANCRE."

Mr. Fournier adds that at the time Dr. Lindman exhibited on his fore-arm ulcerations in full activity.

“As regards age, from birth to the most advanced old age, man is apt to contract chancres and their concomitant constitutional accidents. If syphilis is more frequent among young men than old, it is due to man exposing himself more to contagion in youth. The influence of sex is nul. When Nicolas Massa set forth his opinion that women were more subject to the French disease, he believed in its spontaneous development. A certain physical constitution favoured the humoral theories of the day, that the disease was produced by phlegmatic humours. Women being supposed to be of a more phlegmatic constitution, they were consequently more subject to it than men.

“M. Ricord thinks that the chancre indurates less often in women than men. This proposition is equivalent to saying that woman enjoys a greater immunity from syphilis than man. M. Ricord does not carry the induction so far. The rareness of chancreous induration in woman is only apparent. In an equal number of men and women the number of indurated chancres is equal, with this difference, that it is less characterized on the vulva than the penis; in the same manner as the skin of the scrotum and corpora cavernosa is never the seat of such voluminous and cartilaginous indurations as the internal membrane of the prepuce; but it none the less is there, and woman is as much subject as man to general syphilis; the incomparable excess in numbers of men to women affected with all and every venereal disease is due to the disproportion of women to men who practise debauchery, and it would be wrong to attribute it to a particular disposition of their sex.”

“By no idiosyncratical disposition does the chancre produce local phenomena in some, whilst it infects the economy of others. The proof is to be found in individuals having contracted soft chancres several times, at last contracting an indurated one, followed by constitutional symptoms.”

“Might such different results of two contagions, which pass for having the same principle, be explained by one of those changes of disposition, so common in the organism, owing to which man is no longer influenced in the same manner by the same agents? They might without doubt; however, this view is admissible, but in default of another better demonstrated, the more, as it is in contradiction with what we know concerning the action of specific causes which tend constantly to produce the same effects.”

“A careful study, whether organic modifications of the different temperaments—and all of them have come under observation—influenced the development of constitutional syphilis, has led to no result. It is worthy of note, that weak constitutions were the least numerous. No temperament, therefore, can be considered as particularly disposing to the genera-

lization of syphilitic symptoms. The influence of temperament makes itself truly felt but in the form of the symptoms, their progress, their course, and their greater or less disposition to give way or resist treatment."

"No constitution particularly disposes to general syphilis—erythema affects about the same number of strong, middling, and weak constitutions."

"It is impossible to consider insufficient or bad food a cause of development of general syphilis—although it aggravates the symptoms."

"No class of abuse at the time of contagion, or during the continuance of the chancre can become a determining cause of the action of the virus. Cases in these conditions do not exceed one-sixth of the patients."

"The influence of the seasons is not demonstrated; chancres have been followed by erythema all the year round."

"Patient's recovering from acute diseases—viz., typhoid fever, variola, jaundice, pneumonia—others, attacked shortly after the appearance of the chancre, the symptoms have manifested themselves at their ordinary periods, in spite of intercurrent acute disease."

"What precedes shows sufficiently clearly, that neither age, nor sex, nor idiosyncrasies, nor temperaments, nor constitutions, nor bad sanitary habits, nor seasons, nor intercurrent diseases can be considered as a determining cause of the generalization of syphilitic accidents in the system."

M. Bassereau has gone still further: he took 100 patients whose chancres *had not been* followed by syphilis, and 100 others whose chancres *had been* followed by syphilis and compared them; the result was, that he ascertained that the same proportions of age, sex, idiosyncracies, &c., &c., existed in both classes.

"The proportion of one contagion to several contagions, followed by constitutional accidents, is 112 of the latter to 86 of the former; but the period of time that had intervened between the first contagions, which were local, and the last, determining erythema, would justify disregarding the first contagions as having influenced general syphilitic action."

"The proportion in 170 cases of erythema between cases of one chancre and several chancres on one person, is 29 of the latter to 141 of the former, whence plurality of chancres cannot be considered a cause of general effects."

"These results have a certain analogy to the observations of the action of variola by Kirkpatrick, Dimsdale, and Gatti, that the number of punctures bear no relation to the quantity of eruptive pustules. Girot has observed that variola eruption was milder after six than two punctures."

“A strong tendency of the chancre to ulcerate does not favour the development of general effects, the slightest erosion often precedes phagedænic symptoms.”

“The persistency of the chancre is no more a cause than an early cicatrization, the analysis of 170 cases places this proposition beyond doubt.”

“Whenever circumstances have been favourable, it has been able to be shown, beyond possibility of doubt, that persons affected with constitutional manifestations had been infected by subjects with general constitutional manifestations. This has, *without exception*, been the case both in the ascending and descending line. *Never*, in these cases, has the chancre been limited to a purely local action; never, on the other hand, has the purely local chancre arisen from contagion of a chancre followed by constitutional accidents. The same results, with the chancre, not having been followed by constitutional accidents, that is to say, in the ascending and descending line, the purely local chancre has never been followed by constitutional manifestations.”

The two propositions in the last paragraph lead to the consideration of the transmission of chancres in their general specific forms, aspects, and consequences.

Mr. Fournier, in note x. of M. Ricord's “Leçon's sur le Chancre,” with the view of showing the certain filiation of the accident of contagion and the relation of the symptoms of the infecting subject to the infected subject, divides the modes of transmission under six heads:

A careful analysis of the observations recorded, point to the conclusion that chancres invariably reproduce themselves in their nosological species.

A statement of the theories propounded by M. Langlebert and Professor Boeck to account for the specific properties and various aspects of chancres, can find a place here. The former derives the specific forms of the chancre from the *component parts* of the secretion of the chancre that gave it birth, the latter from the *intensity* of the virus that gave it birth. According to M. Langlebert the simple chancre is due to the isolated action of the globules of syphilitic pus; the infecting chancre either to the isolated action of the serosity, or the combined action of both the serosity and purulent globules; when the former an erosion, when the latter the Hunterian chancre (chancre mixed of Mr. Rollet). The sero-purulent secretion of a soft or indurated chancre of a syphilitic subject (chancroïde) may engender in a healthy individual a soft chancre only. According to Professor Boeck the more intense virus produces the soft chancre, the less intense the indurated, the intermediate forms are provoked by pus of different intensities. In other terms, the in-

tensity of the effect is in the inverse ratio to the intensity of the cause.

M. Langlebert's pus and serosity serve every purpose ; they are most accommodating, you have a simple chancre, pus—an infecting chancre, serosity, or pus and serosity—an indurated chancre, serosity and pus—a soft chancre, again pus and serosity, from a soft or infecting chancre of a syphilitic subject. The venerable Professor Boeck's intensity is more simple, but much on a par with M. Langlebert's pus and serosity.

M. Ricord teaches :—

That the whole chancre is to be found in the pus it secretes ;

That the chancre of inoculation is always the analogue of the chancre that produced it ;

These two propositions are worthy of your respect, they have attained the dignity of dogmas. On them the dualistic school takes its stand, it asks no more, to no hypothesis does it appeal to sustain its doctrines, it deduces and *proves* them, by facts, by experiments, nothing vague in its conclusions, they all flow from the premises.

Setting aside exceptions so rare that they cannot impeach the laws, I shall state the question thus :—

The soft chancre always produces a soft chancre—a purely local contagion.

The indurated chancre always produces an indurated chancre—followed invariably by constitutional manifestations.

The soft chancre can be reproduced illimitably on the person who bears it, either by contagion or inoculation.

The indurated chancre can never appear twice on the same person, either by contagion or inoculation.

The soft chancre can take root in syphilitic soil and preserve its privilege of reproduction.

How is it then, that with such broad differential characteristics between the soft and the indurated chancre, we meet, in practice, such departures from the properties assigned to each—viz., the soft chancre, first appearing in its own form and gradually assuming the appearance and specific characteristics of the indurated chancre ; at another time healing, and some time after its disappearance, a marked induration is observed, general constitutional manifestations ensuing ? Let us examine :—

The reproduction of the soft chancre being undisputed, I pass to the indurated chancre. M. Fournier's experiments, at the Hospital du Midi, to re-inoculate the indurated chancre, produced *one* positive result to *ninety-eight* negative. M. Poisson's at the same hospital, was *one* positive to *fifty-one* negative. This tallies exactly with Dr. Puche's, who puts the positive results at less than two per cent. These are exceptions to which I refer above. Bearing in mind the distinguished practitioners by

whom these experiments were made and recorded, I am bound to admit the results; yet, I cannot refrain from expressing an opinion that the positive cases are due to some accident or circumstance that escaped their observation at the time; however, I must admit that the remarkable conformity of the sets is in their favour. I am not so favourably inclined towards the inoculations of Messrs. Melchior Robert, Sperino, Boeck and Bidentkap; in fact, I protest against the process practised by the two latter. They operate with a broad lancet overcharged with pus, which they afterwards wipe upon a piece of lint about six inches square that serves the purpose many times; also the same lancet is used indiscriminately for different patients. I believe that inoculation is an operation that requires the greatest precaution and nicety. I proceed this way: I employ a common sewing needle; I scrape the pus off the secreting surface of the sore I inoculate from; I introduce the needle obliquely under the epidermis and press at the base, so that as I withdraw it I literally wipe the needle inside. I never use the same needle twice, I destroy it at once. In his experiments in Paris, M. Bidentkap obtained but one positive result, and that result was owing to pus taken from a chancre that M. Follin ascertained not to be a purely infecting chancre.

The soft chancre and the infecting chancre once clearly established to be two independent nosological species, both contagious—there is nothing contrary to the laws of pathology to find their co-existence in one spot or two spots on the same subject. What will be the nature of the ulceration, participating at the same time of two contagions—one local, the other infectious? Such is the character of the chancre mixte. This coincidence can happen but in three ways—1st, by the contagious principles entering simultaneously at one spot; 2ndly, by the infectious being superposed on the local; 3rdly, by the local on the infectious.

Fortunately, we possess cases precisely in these conditions—one of No. 1, one of No. 2, and many of No. 3; the first we owe to M. Melchior Robert, a most energetic adherent of unity.

A patient entered the hospital on the 23rd March, 1858; he bore a very voluminous indurated chancre behind the glans on the right side; an exuberant indurated chancre on the upper lip near the right commissure; general manifestations. On the 25th he was inoculated on the left thigh with pus taken from the chancre of the glans—a pustule was produced. On the 31st he was inoculated on the right thigh with pus taken from the pustule, and with pus from the indurated chancre of the penis. On the 1st and 2nd of April the first inoculation became a chancre five centimetres in diameter. The two last inoculations occasioned a papule. The three inoculations ran their course, &c.

M. C., a medical student, wishing to verify experimentally the doctrine of the *chancroïde*, inoculated himself with pus from the first pustule developed on the thigh of the preceding patient; on the 3rd of April a pustule on the left thigh; on the 14th a large ulceration very much inflamed, no induration at the base was perceived before the 22nd of April. On the 2nd of May the cicatrization was almost complete, and the induration was rather pronounced. M. Robert lost sight of him until the 22nd. At that date the chancre of inoculation was re-ulcerated; at a centimetre from it, within, there existed an ulceration, the base was very hard and extensive. On the 10th of June the chancre had attained the size of a five-franc piece—general papulous eruption. In the course of time he was cured, but not without relapses.

This observation is not so self-evident as might be desired, but we must recollect that experiments of this nature would not be justifiable; we must therefore take it as it is. It is fair to conclude that the first patient from whom the latter was inoculated was affected both with syphilis and the local chancre, possibly superposed on an indurated chancre. I draw this inference from the fact, that all the inoculations from the pus of the penis produced chancres—a papule the day after inoculation—a pustule the next—a chancre three days later. In the second patient the evolutions of the two chancres are consistent with experiment; the local sore heals quickly—the infecting sore is preceded by its term of incubation and then manifests itself, followed, as usual, by general manifestations.

The next observation is due to Mr. Lindwurm. On the 23rd of August, 1861, a young woman of a strong constitution enters the hospital; she bears several simple chancres on the nymphæ and another on the right thigh; on the 23rd she is inoculated on the same thigh—thirty-six hours after the pustule was developed—all the chancres, save the inoculated one, were dressed with a weak solution of chloride of zinc. On the 28th the pus of an indurated chancre (from an undoubtedly syphilitic subject) was transported to the inoculated chancre; at first no apparent change in the progress of the simple chancre; later it spread in size and depth. It healed in four weeks by chloride of zinc dressing, as the others had, leaving a rather prominent reddish scar. On the 21st September, the patient considered cured was dismissed. On the 11th December she re-entered the hospital, bearing a simple chancre on the fourchette, which she stated had been there fourteen days, but general manifestations were well pronounced. The scars of the old chancres were barely visible, the one on the thigh showing a light reddish spot, whilst the scar of the inoculated chancre of the right thigh went on increasing, and was of a deep red without ulceration. The patient stated that eight days after leaving the hospital the cicatrix had opened

again, slightly suppurated, and spread in size and height. This cicatrix then bore a great resemblance to a large condyloma, similar to those frequently observed on the internal face of the thigh.

This observation is most conclusive. From the time of the syphilitic inoculation, the two affections run their courses irrespectively of one another. The simple chancre on which the virus was deposited, acts the part of a prepared surface for the absorbing process—the period of its cicatrization is not retarded. The incubation accomplished, the effect of the virus becomes manifest in the cicatrix itself, which breaks out again and suppurates. On the re-entry of the patient secondary symptoms are not wanting; these appear in the shape of muculent papules on the genital organs and the anus, and a maculated exanthem on the chest and abdomen.

I have taken the following observations and experiments from an article on the *Chancre* by Mr. Laroyenne in the *Annuaire de la Syphilis*, 1859:—

“G. François, æt. twenty years, has been affected for a month with blennorrhagia, a chancre on the meatus urinarius, slightly indurated and of an infecting aspect, accompanied fifteen days later by syphilitic eruption, roseola, and rheumatoid pains; the fossa preputialis is covered with small chancrous ulcerations, as soft as ever met. The ganglions of the groin are small, but movable and indurated. Mr. Rollet, to confirm the diagnosis, caused us to inoculate on the left thigh of the patient, the pus of the infecting chancre, and on the right, that of the simple ulcers. The result was positive in both instances. We then thought that the suppuration of the simple chancres must have been carried to the ulceration of the meatus, and taken from there by our lancet; so we waited, to inoculate again, till the chancres of the fossa had completely healed. Before proceeding we touched the infecting chancre several times with nitrate of silver. Contrary to our expectation the chancrous pustule was again obtained.”

“The study of the case of this patient, bearing simultaneously several soft chancres and a syphilitic chancre, accompanied by constitutional symptoms (I put aside blennorrhagia), all our attempts to inoculate having proved successful, led us to admit the existence of a hybrid chancrous ulceration, and in this patient, in particular, of a chancre afterwards inoculated by proximate soft ulcerations. It could not be a simple deposit, for the chancrous surface, dressed and cauterized, furnished again a positive result. In this manner we were led by Mr. Rollet to seek experimentally for the solution of a problem for which the attentive examination of our patient had provided the data. It sufficed to deposit on an infecting ulceration the pus taken from a simple chancre, and the attestation of the

presence of a chancre mixte would be furnished by the birth of a chancreous pustule."

Here follow four observations of experiments with positive results carried on in this way. The infecting chancre of the patient is inoculated on the patient himself to ascertain its specificity, result negative; then the simple chancre is inoculated on the infecting one, result positive. These experiments have been repeated many times at the Antiquaille Hospital at Lyons, always with a positive result.

In Mr. Coulson's department of the Lock Hospital, there is, at the present moment, a patient bearing a chancre mixte, the result of my own experiment in that direction. I am happy to have this occasion of expressing my thanks to Mr. Coulson for his great kindness and invariable readiness to afford me facilities of access to his patients.

There remains but the transportation of the chancre mixte to a healthy subject to settle beyond dispute the co-existence of the two contagions; but dictates of humanity and the laws of morality must not be transgressed by the requirements of science. Need I point to the observation of M. M. Robert to infer what the result of such an experiment would be?

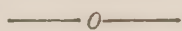
Allow me to clear up a misapprehension concerning the chancre mixte, it results from the necessities of nomenclature. *Chancre mixte* is a misnomer, calculated to lead those imperfectly acquainted with dualism to make a confusion. It is not a nosological species invented to account for anomalous cases as Mr. Gascoyen persists in representing it in his articles in the *Lancet*. The term *chancre mixte* is employed for the sake of brevity, to express the co-existence or coincidence of two distinct nosological species of ulcers of different contagious diseases in the same person.

The preceding observations are the genealogical tree of the *chancre mixte*—the true offspring of two distinct species—call him a hybrid if you please, but grant him letters of naturalization—he is almost entitled to a patent of nobility by virtue of the antiquity of his ancestry.

When I reflect how the doctrines of the dualistic school are met by its strenuous opponents, charging it with "invention, resting on a weak and insufficient basis, requiring the support of a tissue of contradictions and impossibilities," I cannot help pointing to the far-fetched—I am almost tempted to say absurd—theories that are brought forward to combat it. At all events, ingenuity and plausibility are conceded to the dualistic theory—that it is founded on substantial and well-defined principles, supported by experiments, consistent with indisputable facts, I trust I have been able to show to your satisfaction. But what can be said of theories, purely hypothetical, raising questions

on principles which have borne the test of more than a quarter of a century, and to which we owe our advance in the knowledge of our subject—in one instance supposing mediate contagion might suffice to account for the departures from the fixed laws of constitutional syphilis in its transmission, M. Ricord, a master mind, is more just; he sees in the new doctrines the fruits of his own teachings, and although he is not prepared to accept them without reserve, he gives encouragement and advises perseverance. He says, “as concerns myself, gentlemen, I must own that, issued from my school, these doctrines which tend to multiply the sources of the chancrous virus reach me strongly disposed in their favour. In truth, I see in them a shining confirmation of ideas that I was the first to emit concerning the nature, the independent existence, and different prognosis of the two varieties, or two species, of primitive venereal ulcers.”

The scope of this paper has not permitted me to go beyond a most imperfect and elementary outline of the doctrines of the dualistic school. These comprehend the solution of some of the most important and complex problems. I do not pretend to any originality of ideas, and shall be fully satisfied if I have succeeded in pointing out to you a field of inquiry which will bring the same conviction to your minds as it has to mine of the *duality of venereal ulcers*.



The Therapeutical Value of Warmth. By THOMAS INMAN, M.D. Lond., M.R.C.P.; Physician to, and late Lecturer on Medicine at, the Liverpool Royal Infirmary.

AMONGST the numerous fallacies which infest the medical world, and that portion of the public who think they are their own best doctors, there are few more glaring than the idea that cold is favourable to health. In vain do health officers in various towns report that a low thermometer induces a high death-rate—those who hug the fallacy still continue to enunciate that “cold is bracing.”

For years past I have had to combat the idea that a cold bath is good for constitution and a cold bedroom productive of “strength of lung.”

It seems almost absurd now-a-days to have to meet such strange notions; but the following case will show the necessity for it: In the absence of a medical friend—who had probably a larger practice than any other two physicians in the town, and after whose name came an array of letters showing the extent of his non-professional attainments—I was requested to see a

young lady who had chronic phthisis. At the time of my visit the weather was bitterly cold, and the house was unwarmed. The cause of my help being sought, was that for many mornings together the patient had fainted while coming downstairs to breakfast. On inquiry I found that the lady ate no supper, went to bed in a cold room, got up about two hours before breakfast, stripped, sponged herself all over with cold water, and then donned her daily dress, which was as cold as the water: she was so weak that she could not finish her toilet under two hours, and when she attempted to descend the stairs she fainted and fell. To my inquiry as to who had ordered this bathing, &c., I heard, to my amazement, that it was my clever friend, and that the patient positively believed that she could not exist without this chilling process!

Again, I go during the winter time to my wards at our Royal Infirmary, and find every "pulmonary" patient coughing almost incessantly; I look round and see every second window opened a yard wide—for the sake of ventilation—and this has been done for the last sixty or a hundred years by nurses, visitors, matrons, doctors, and committee men; and my offer to warm my own wards at my own cost has been politely declined. But while the air is thus systematically chilled for a certain time per day no addition is made to the bed-clothing, and patients are expected when lying in bed to be as much braced by the freezing temperature as the healthy visitors are who find a brisk walk necessary ere they can stand the cold.

I propose in this essay to show what is the effect of cold, and what the effect of warmth as opposed thereto, and I take the feelings of the patient as a test of the one or other, rather than the thermometer.

The necessity for this will readily be recognised by any observant man. He comes in from a brisk walk on a cold day, and when he has doffed his great coat he may complain of the stifling heat of a room warmed to 62° ; after awhile, however, he sits down to read or write, and soon finds that the air feels chill, and that more coals are required for the fire. Experience farther tells us that some individuals are far more chilly subjects than others and that in some cases of disease a cold temperature of 32° feels too warm.

The effects of cold may be shortly summed up; it obstructs the capillary circulation, paralyses the muscular system, and seriously impairs the nervous system, and as a consequence of all this, it obstructs nutrition in every part of the frame. Of excessive cold I need not speak.

The diseases directly produced by cold, are tic dolooureux, facial palsy, hemiplegia, paraplegia, or acute general paralysis, rheumatism, myalgia, sciatica, bronchitis, occasionally dropsy, some-

times it determines tetanus and certain female diseases, and when followed rapidly by heat it promotes catarrh, ulcerated and relaxed sore throat, and chilblains. Cold air promotes coughing when the lungs are affected, and if there be gout in the system it will bring on a fit. Cold rapidly following heat will determine in malarious districts a fit of ague—after injury will certainly promote lock-jaw—and if it follow violent and long-continued exercise it will induce some form of inflammation of lungs, joints, or other parts, or profound tendency to sleep, from which there is no awaking.

But it is said that cold is followed by reaction, a glow comes on after a plunge into a cold bath—granted—but this result implies, first, that the cold applied is of short duration, and moderate in effect, and that there is sufficient strength in the circulation to recover itself after a check. If even transient chill is not followed by reaction it surely follows that the cold has been prejudicial.

Amongst the effects of cold in healthy people, must be noted an increased appetite for food; we infer, therefore, that cold must be prejudicial to those who are from any cause obliged to diminish their ingesta. In fine, cold is a powerful agent in deadening all the phenomena of life, and it will, if prolonged, stop them altogether.

Such being the case, we can readily understand that cold is injurious to all those who have already had their vital powers depressed by accident or disease. (I omit to notice the influence of cold in arresting hæmorrhage, as being foreign to my subject).

If cold, then, has a prejudicial effect, will heat have any beneficial influence? Let us examine the ordinary effect of heat—say between 78° and 110° . Applied locally it has a marvellous influence in abating certain pains—*e.g.*, tic, myalgia, rheumatism, spasm. I once cut the tip of my finger while dressing, and the pain was so intense (exceptionally) that I fainted twice, and was unable to proceed with my toilet. Immersion of the hand in hot water took away all pain, but as soon as the hand or water cooled the suffering returned. On another occasion I had a rheumatic attack which made both forearms useless—I could not bend a finger—by immersion of the arm in hot water I could remove both the pain and the stiffness, but both came on again as the limb became chilled.

Heat locally applied produces increased capillary circulation, makes the skin red, and thus, indirectly, it promotes transpiration. If a part, then, is about to die, as in the early stage of phlegmonous erysipelas, from cold, or from an arrested flow of blood, heat judiciously applied, will assist to conserve vitality.

As a certain amount of chemical change (slow combustion?) is required to keep up a certain temperature, and as that con-

version is an *exhaustive* process we infer that a *donation of heat* from without is equivalent to a *donation of an amount of power* equal to that which would have been expended in making that temperature by animal processes.

The effect of heat generally is to promote comfort, to increase the circulation through the extremities, to increase the cutaneous and reduce the renal secretions, to induce constipation, to diminish the appetite for solids and to increase that for liquids.

Where the lungs are affected warm air makes breathing comparatively easy and the necessity for coughing is diminished to a minimum. I know well that an *excess* of heat is prejudicial, but into this part of the subject I do not enter as I wish to confine my remarks to the therapeutic influence of manageable warmth.

We may enunciate *that the judicious use of heat is a gift of a small amount of vital power*, the proposition is a short one, but it is capable of great expansion. Its brevity enables us to use it as a test.

If warmth is a donation of life it must surely be valuable in the treatment of such diseases as phthisis. It is so. Not long ago I corresponded on this subject with a gentleman who told me that he had been struggling against consumption for ten or twelve years, slowly losing ground all the time, and occasionally losing it so rapidly that death seemed imminent—in all cases heat had brought him round again. During this long contest he had learned to note the influence of all things about him, and came to the conclusion that cold was his greatest enemy and warmth his only friend—everything under 78° was considered as cold.

I have now had many such experiences, I suppress them here ; *ex uno disce omnes*. If warmth gives life it is necessary for the new-born infant, the puny child, for the strumous lass, the growing lad, and the springing schoolgirl. Buoyant youth may do without it, but age requires it, and *second* childhood demands it as much as the *first*. The starving mechanic and the shipwrecked mariner can bear hunger better while warm than when cold is added to starvation ; and the power-loom weavers who toil in the warm rooms of our manufactories, have *cæteris paribus* better health than those who work at similar looms in their own cool cottages.

If warmth gives life, surely it must do good to the poor stomach, whose powers are sorely tested by ingesta necessary for life. It does so, and many a long-fasting and over-worked man finds his digestion improved by taking a cup of hot tea ere he begins his solid dinner, and by his use of hot soups rather than cold ale or wine fresh from the cool cellar. How many a weary

coach traveller has found a glass of hot negus "warm the cockles of his heart," while he remembers how a glass of ale cold from the vaults has before now "chilled the marrow of his bones." From personal experience I know that a difference of ten degrees in temperature will produce "acidity" and dyspepsia from a wine which, when warm, promoted appetite and digestion. If warmth gives life, it should clear the wards of our hospitals from those patients whose want of vitality has compelled them to "knock off work" and lead a life of enforced idleness; practically it does so, and after twenty-five years experience, I can say that summer weather does more to *empty*, and winter's cold does more to *fill* our infirmary wards than any other agent.

I will not, however, pursue this strain, but leave my readers to work out for themselves those inferences which I omit.

Let me rather pass on to a few practical remarks about the *modus in quo*. If you want to warm a man temporarily, or if you want to warm him continually, but have not the means at hand, you may either put *him into* hot water or hot air, or put hot fluid or hot air *into him*.

Baths, boilers, kettles, fires, lamps, gas jets, lime slowly slacked, and a variety of other things, enable us either to heat air and water enough to put a patient into, or to warm a sufficient amount of steam or air, which by being inhaled, will produce a like effect. A cupful of good hot tea, coffee, beer, negus, or grog, will heat a patient as effectually as a hot-bath, though scarcely for so long a period.

These and other things will readily suggest themselves to any thoughtful man. But there are matters which few think of that are of infinite value to the invalid. Perhaps he is travelling; to keep himself warm he puts on a great coat and wonders that he is chilled. He fancied the wrap would warm him, and finds that he has to warm it. A minute's consideration would have told him that a cold wrap could not give heat, yet that minute's thought is rarely given.

Without noticing further fallacies, let us promulgate a few axioms for general use:

1. All patients (*exceptis hæmorrhagix*) are improved by living in, and breathing an, atmosphere of the temperature of about 68°.

2. All patients (*en hem*) are made worse by a temperature under 58°.

3. All but the robust are injured in health by sleeping in cold bedrooms, in cold carriages, &c., or in the open air.

4. Warmth is specially indicated in phthisis, gout, rheumatism, myalgia, bronchitis, pneumonia, croup, scrofula, &c.

5. Wherever warmth is indicated, depressants of every kind

are contra-indicated ; and good, abundant, and not cold food, is a desideratum.

6. Warmth will ward off phthisis, &c. ; cold will bring on each or all of them.

—o—

On the Prevention of Cholera by the Use of Common Table-Salt.

By GEORGE BEAMAN, M.D. ; Surgeon to the Honourable Board of Inland Revenue, and to the London and South-Western Railway, &c., &c.

I PUBLISHED in 1832, in the *Lancet*, a paper on this subject, and my friend, the late Mr. Wakley, gave my views considerable prominence. The progress of time has not led me to alter my opinions with reference to this serious malady. During the Crimean War, I had the opportunity, through the kindness of the Secretary at War, of personally bringing my method to the notice of the then Director-General of the Army Medical Department (now Sir Andrew Smith, K.C.B.). Previous to this, viz., on the 18th July, 1849, the Editor of the *Times* was pleased to circulate the substance of the following observations, and as there appears an unhappy probability that we may be visited by cholera during the present summer, I think it right to once more step forward and proclaim the value of the simple remedy within the reach of all—viz., *Common Table Salt*. In 1855 I had occasion to bring to public notice in the *Lancet* the bad effects of a tax on salt in India. An insufficiency of this substance means a liability to the origin of this disease, while a plentiful supply of salt offers a sure prophylactic against this most rapid, painful, and fatal disease. The efficacy of this simple remedy has been tried in India with success, not only by my son, who is a member of the Madras Medical Department, but by civil servants under Government, and by members of the medical profession. An experience of nearly fifty years in the active practice of the profession has permitted me to see the several outbreaks that have happened in this country, and it is with the boldness of experience and not with the timidity of a theorist that I lay before the readers of the MEDICAL MIRROR my simple system for the prevention of cholera.

Henrietta street, Covent Garden.

May 22, 1866.

PREVENTION OF CHOLERA.

On the 18th of July, 1849, the Editor of the *Times* was pleased to circulate the substance of the following observations.

I now affix my name as their author, at the solicitation of friends, who consider the important recommendation mentioned below, likely to command greater attention, when known to emanate from a medical practi-

tioner, who has for thirty-five years been a zealous student of the healing art.

The sanitary measures recommended by the Board of Health, are, I admit, judicious ; calculated to operate favourably by improving the habitations and general condition of a very numerous class, and so far diminishing their susceptibility to a variety of diseases. In every respect they are unobjectionable. Nevertheless, I firmly believe that the influence they exercise in preventing attacks of cholera, is of an extremely limited character.

I therefore venture to suggest an ANTIDOTE against susceptibility to cholera, be the exposure what it may,—and I believe it to be all but infallible.

This antidote is “COMMON TABLE SALT.”

Do not doubt, when I laud thus superlatively a simple natural product. My conviction has long been, that in the vegetable and mineral kingdom will be eventually discovered (however difficult and abstruse may be the search), remedies for, or antidotes against, all diseases which have a tendency to shorten the allotted period of human existence—for in this department of medical science a very wide field is yet entirely unexplored.

What is salt ? And how can it operate as a preventive to cholera ?

Common salt is a compound of chlorine and sodium, in the proportion of sixty parts of chlorine and forty parts of sodium in the 100. Chlorine, it will be admitted, is the most powerful disinfecting agent with which we are acquainted. I have frequently by its agency alone disinfected a house from the poison of malignant scarlet fever ; and it is equally serviceable as a purifier of the atmosphere in all infectious diseases. The efficacy of salt in preventing attacks of cholera is dependent upon a portion of its chlorine being evolved in the stomach, and by its action upon the inner membrane of the organ in which the germs of the disease are seated, and where the first symptoms are generally experienced, the cholera poison is *infallibly* destroyed.

The medical members of the Board of Health, gentlemen holding the highest rank in our profession, believe the causes of cholera to exist in the atmosphere, and that the disease is not propagated by human contagion. In this opinion I concur. But they believe the poison to be inhaled, the blood thereby becoming diseased, and that the violent diarrhœa and vomiting which precede the fatal symptoms, are but the efforts of nature (the *vis medicatrix naturæ*) to rid the body of the cholera poison. In this grand and important particular, and I am governed by comparisons that I believe to be unanswerable, I entirely differ. It is my opinion that in every case the poison of cholera attaches itself to water, or other fluids or substances of a vegetable or animal nature, and on being swallowed with such matter, thereby comes into direct contact with the lining membrane of the stomach, its dormant period there being very brief before the painful and distressing symptoms are manifested. I think if the poison of the cholera were inhaled, and entered the blood through the lungs, from our being perpetually exposed to its influence while the visitation lasts, the seizures would be at least fifty-fold more numerous and the dormant period of the disease longer.

I wish it to be borne in mind, that while the weekly mortality from cholera in this metropolis during part of last autumn, was from 1,600 to 1,800, and once exceeding 2,200, in no instance where the salt was taken was the party stricken with the disease.

The following is my doctrine—

The condition which especially predisposes to an attack of cholera is a weakened state of the lining membrane of the stomach and alimentary canal. This condition is so decidedly obviated by eating freely of common salt, which should be pure and perfectly clean, with our meals, that I

believe *nine-tenths* at least of the cases, which would otherwise occur, may be prevented by having recourse to this simple addition of food.

The quantity taken should be what the stomach will bear without creating thirst or after-inconvenience; for an adult, a salt-spoonful morning and evening, and two salt-spoonfuls with dinner, or by weight the eighth of an ounce per diem, divided into three portions for an adult, are amply sufficient; children should have proportionately less, but it is important that it be taken in substance with the food, and at three nearly equidistant periods—viz., with breakfast, dinner, and tea or supper, or when parties dine late, with breakfast, luncheon, and dinner; I prefer its being swallowed with a meal. In this manner sufficient chlorine is taken into the stomach to destroy the poison should it have gained access; if not, the antidote is rather salutary than otherwise. The chlorine may be set free by the secretion of the stomach partially decomposing the salt, but give Nature the elements, and she will convert them to a wise and useful purpose.

I am also satisfied that peppers, in moderation, are useful additions to our food, when cholera is prevalent, and Cayenne pepper superior to other kinds.

I beg to observe that salted meats, and other preparations into which salt enters, or is dissolved before coming to table, as broths, soups, &c., are in their action upon the stomach totally different in its pure state. The chemical change produced on salt by heat and its long admixture with animal or other matter, not only destroys its preventive character, but renders solids or fluids thus impregnated, in many instances prejudicial. Warm clothing, wearing flannel next the skin, ventilation, cleanliness, good food, and generous living rather than the reverse, I much recommend.

I wish to remark that the public are in error who suppose fresh fish, perfectly in season, ripe fruits, or fresh vegetables well boiled, unwholesome; indeed, taken moderately, they lessen the tendency to the disease in question. In two days after eating the quantity of salt in substance with the food in the manner above recommended, persons will not be susceptible to the influence of cholera. Its daily use, however, must be persisted in, so long as cholera affects the district or locality.

Entertaining the firmest conviction that this simple plan, if pertinaciously carried out, would afford the same efficient protection to our soldiers, sailors, and civilians, in all countries where cholera may prevail, I strongly urge the subject as one worthy of the profoundest consideration of all parties directly or indirectly interested.

My humble efforts and explanations are always at their command.

GEORGE BEAMAN, M.D.

32 King street, Covent Garden,
August, 1854.

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On Dysuria, and Retention of Urine in Women. By W. BATHURST WOODMAN, M.D., Late Resident Accoucheur, and Resident Medical Officer to the London Hospital.

My previous paper on this subject which appeared in last month's MEDICAL MIRROR, was not intended to be at all exhaustive. It simply aimed at bringing together, in one view, some of the principal conditions of disease, in which these symptoms are most usually and prominently found, and this chiefly as an aid to students, or junior practitioners. On this account, I

no doubt omitted to mention some diseases, and passed over some others but slightly. There are, however, one or two more causes which demand a passing glance before proceeding to discuss modes of treatment.

1. Retention or dysuria may, and the latter often does occur, from the action of poisonous substances. It would be out of place here to furnish a complete list of those which produce this effect, either by their irritant action, or by their paralysing power. It must suffice here to mention the mineral *acids*, the caustic *alkalies*, *arsenic*, *nitrate* and *sulphate* of potash, oxalic acid, *corrosive sublimate*, salts of lead, copper, and zinc, opium, oils of *turpentine lemons*, &c., *cantharides*, and colchicum. All those marked in italics, and perhaps several others, not only produce dysuria, but strangury and hæmaturia. Of this the experience of a large hospital has shown me numerous examples. One thing, which at first seems puzzling is, that although these symptoms are frequently, perhaps generally, due to extreme congestion of the kidneys, they are often best relieved by the free use of diluents. This may, of course, be due to dilution of the poison, but perhaps also it is due to physical action on the blood corpuscles.

It is well to recur again to the Spanish fly for a moment, since this is not unoften given to young girls by practical jokers, or to young women, for the sake of procuring abortion. It is worth noting here that the urine, under these circumstances, invariably becomes *alkaline*, an effect noticed also by Dr. Davies, in the blister-treatment of acute rheumatism, where, however, with proper management, strangury seldom occurs. The alkalinity, is, I think, due to the soda-salts of the blood, and it is somewhat singular here too, that salts of soda or potash, in moderate doses, have a great tendency to relieve this symptom when caused by Spanish fly. So has henbane, and in less degree other sedatives. In any case of suddenly occurring hæmaturia and strangury, it is worth while directing our inquiries to ascertain if the blister-fly has been given. Boys most often give the powder in a tart, or jam, and its shining particles might then be detected in either the food, the vomit, or the fæces. But adults are more likely to take the tincture, and then we must chiefly judge from the symptoms and the history. But if we can get a little of the fluid drank, and evaporate it to the consistence of an extract, we may then try its blistering properties on ourselves, on a very small portion of the back of the arm, or any convenient part.

With regard to the corrosive poisons, of course our treatment must mainly be directed to counteracting their other effects, but diluents and opium will often relieve this symptom.

2. The young medical man may be consulted, as I was, at

the very outset of his medical career, by the newly married, who, with all the appearance of health, will complain of pain and difficulty in passing water, and if questioned more closely, of pain in the hypogastrium, with burning and tenderness in the vagina, and soreness will be found on pressing the urethra. He must not too readily conclude that this ardor urinæ is the incipient stage of gonorrhœa. It is true that the villany, or the weakness of some of our own sex may make this sometimes true, but in most instances it is due chiefly to the turgescence and irritation of the parts concerned, from the new uses to which they are then applied, to slight excess of sexual intercourse; or sometimes perhaps to unwonted retention, from long journeys, or bashfulness, during the honeymoon; and is more likely to occur just about the first catamenial period after marriage, and that quite independent of pregnancy, which I purposely omit here. In these cases very simple treatment is required. The surgeon must pronounce a decree of *temporary* divorce, it may be only very temporary, and enjoin the use of a warm bath, if possible, and soothing lotions—such as goulard and laudanum, or poppy fomentations, and this disagreeable circumstance will speedily pass away. A recumbent position is very desirable in these cases, and it would be well too, in general, to see the husband, and explain to him that it is necessary for the wife to live, as it were, *absque marito*, for a day or two, as otherwise she is placed in an awkward dilemma.

3. Why, I know not, but I have noticed that cardiac diseases, including pericarditis, are very apt to induce dysuria, and sometimes retention, and this, apart sometimes from any special condition of the urine, or any dropsy, or malposition of parts, from hypertrophy or congestion of other organs. Thus, I have seen it in a child of nine years old, who had acute pericarditis, and I have seen it in males, with aortic regurgitation, and also with disease of the right side of the heart. I leave the solution of this to others. I know it as a practical fact.

4. It is obvious that the character of the urine itself may be sometimes the cause of these symptoms. Leaving for the present albuminuria and glycosuria, there are three other conditions very common. The first is deficiency of water, or too great concentration of urine. This is one of the causes of that painful urging to pass water, which is not infrequently a sequel of diarrhœa, although, of course, a part may be sympathetic, from the irritation of the bowels. I have notes of one or two cases, in which I have even passed the catheter (in stout women, where it is not easy sometimes to ascertain the condition of the bladder in any other way) on this account, the patients having suppressed all mention of the previous diarrhœa. Here, too, diluents are our best treatment. The next condition is too

great acidity of the urine—gouty and rheumatic people, beer and wine drinkers, and those who eat heartily, or take too little of simple fluids, are most subject to this. Hence, it is always well to test the reaction of the urine by litmus paper. Alkalies and diluents relieve, but we must never forget (as Drs. Owen Rees and Prout have well pointed out) that it is necessary to treat these cases as really disorders of *digestion* rather than of the urinary apparatus. Hence, a persistent appearance of *lithates* in the urine, is sometimes best treated by bark, and a mineral acid, and especially so if they be of the white, or colourless kind, which generally betoken feeble assimilative powers, a distinction which, if we remember aright, was pointed out by the Father of Medicine.

Extreme alkalinity of the urine is rare, apart from disease of the bladder, or the action of poisons, but it may sometimes occur, and is best relieved by opium in free doses.

5. I omitted all mention of cystocele, or prolapse of the anterior wall of the vagina, because, although this is a frequent cause of these symptoms, it is, in my experience at least, always a sequel or a consequence of slighter or greater uterine displacements, generally prolapse. This, too, appears to be Dr. West's opinion. For the same reason I left out of my list the dysuria of *dysmenorrhœa*, because it seldom amounts to retention, and chiefly because then the dysmenorrhœa is the chief symptom we must combat, either by local or constitutional treatment, or by both.

6. Strictly speaking, "*Enuresis*," in all its forms, is a part of my subject, but as this has been ably treated by Dr. Abbotts Smith, in a little work on this special subject, I shall omit all mention of the causes of this, except as regards the two forms due to diabetes (glycosuria) and albuminuria, on which I wish to make one or two remarks. Diabetes is divided by systematic writers into two great classes. In one of these (diabetes insipidus) sugar is stated generally to be absent. In the other (diabetes mellitus) it is stated to be present in abnormal quantities. For my own part, I feel inclined to believe that Brücke and other continental and British authors are correct in stating that all urine contains some sugar, but be this as it may, I can confidently state that in every case (amounting to about a dozen) of so-called diabetes insipidus, which has come under my own notice, I have found that by concentrating the urine to a fourth, or to an eighth or so of its bulk, sugar has been readily detected by appropriate tests. One of the most easily applied and most accurate methods I know, consists of adding the urine drop by drop to a boiling solution of copper salt, with excess of potash, and tartrate of potash, as recommended by Dr. Roberts, of Manchester. That the presence of sugar in the urine is itself

only a symptom, and that consequently, diabetes or glycosuria has no right of itself to a separate place in our nosologies, will be seen at once from the following table, which only requires the further explanation that in no case was the presence of sugar in abnormal quantities inferred from the action of one test only, but always from the use of several tests.

Table of Cases in which the Urine for Several Days, or longer, gave Indications of Large Excess of Sugar.

No.	Sex.	Age.	Disease.	Remarks.
1	F.	62	Erysipelas . . .	Albumen also
2	M.	72	Carbuncle . . .	Sp. gr. 1040.
3	F.	40	Broncho-pneumonia . .	Sp. gr. 1016. Copious
4	M.	37	Rt. Hemiplegia—convulsions . . .	Sp. gr. 1025—1030
5	M.	17	Gastritis . . .	From eating poisonous fungi
6	M.	45	Rt. Hemiplegia . . .	Sp. gr. 1025
7	F.	34	Tonsillitis , . .	
8	F.	10	Epileptiform convulsions	Paraplegia also
9	F.	19	Chorea . . .	Albumen also
10	M.	32	Erysipelas , . .	Sp. gr. 1030
11	F.	38	Rheumatic fever . .	Albumen also
12	F.	15	Ditto . . .	No albumen
13	M.	34	Vertigo and cephalagia .	No known cause
14	F.	6	Epileptiform convulsions	Also paraplegia
15	F.	10	Chorea . . .	2 grs. to 1 oz.
16	M.	23	Double facial paralysis .	Sp. gr. 1030 for many weeks
17	F.	18	Chorea . . .	Albumen also. Sp. gr. 1022
18	M.	28	Phthisis . . .	Sp. gr. 1032
19	F.	50	Broncho-pneumonia .	
20	M.	52	Cancer of pylorus . .	Sp. gr. 1028
21	F.	37	Lactation (Phthisis) .	Sp. gr. 1040. Very copious urine
22	M.	35	Paralysis of vocal cords .	Sp. gr. 1030. Very copious
23	M.	14	Chorea . . .	Sugar very copiously
24	F.	8	Chorea . . .	Sp. gr. 1020
25	F.	25	Chorea, acute mania .	Sp. gr. 1020—1025
26	F.	22	Ditto . . .	Ditto
27	F.	45	Angular curvature of spine	Sp. gr. 1040. Much sugar
28	F.	13	Mussel poisoning . .	Albumen also
29	F.	22	Pregnancy and chorea .	Sp. gr. 1020—25. All through pregnancy
30	M.	40	Amaurosis and aphemia (partial)	Sp. gr. 1028
31	F.	30	Infra-mammary abscess .	Sp. gr. 1020—30
32	F.	20	Purpura hæmorrhagica .	Sp. gr. 1020—40

It would be easy to extend this table to an unwieldy size, by simply including my notes of cases of paralysis, chorea, epilepsy, and thoracic diseases—together with various forms of nervous diseases—poisoning, dyspepsia, &c. But that would

be useless to the purposes of our inquiry. We have now to consider this as a cause of dysuria, and only so, as regards the female sex. It is sufficient then to say, that in some way the sugar acts as an irritant to the kidneys and bladder; and the frequent calls to make water, are alone a very distressing symptom—but added to this, in woman, as Dr. West so well describes, there is very often the most distressing pruritus of the vulva, due, partly to excoriation, partly, no doubt, to vegetable growths, and, in some instances, I believe, to a species of *acarus*. This is often relieved by borax or alkaline lotions, of which the cyanide of potassium is one of the best.

In dealing with diabetes, we have, for practical purposes, to consider it in the threefold light, of either a symptom of brain or spinal disease, or of phthisis (or other pulmonary disorders), or simply of impaired digestion. Is it out of place here to remark that I believe that the much vaunted treatment by special diet is usually rather injurious to the patients, however it may seem to palliate the symptoms? That glycosuria itself may exist for a long time without any other serious symptoms, I have seen in numerous instances. I know several out-patients of the London Hospital, who have attended for many months, or years, with only this one symptom patent. Take the following as an instance:—

Mrs. ———, æt. forty-two, a stout, florid woman, who is still regular, but has no family. Passes five or six quarts of pale urine daily, and has done so for five or six years past. The quantity of sugar varies from one or two grains per ounce, to ten or fifteen, the daily excretion of urea is about normal. She says, if it were not for this (and the pruritus), she should be quite well. Closely questioned, she admits a few nervous feelings, and a little indigestion; but the former are chiefly due to anxiety about the quantity of urine. She has been a hearty eater of bread and sweets, and has drank porter freely.

As, however, I am not writing a treatise on diabetes, I pass on to notice, briefly, the presence of albumen in the urine as a cause of dysuria. This is apparently the result of the irritation caused by the albumen to the urino-genital tract, and chiefly to the bladder. It is necessary to repeat the frequently-made remark, that in women, and even in girls, it is necessary to be very cautious about inferring albuminuria, or Bright's disease, from the mere presence of albumen in the urine, on account of the frequency of leucorrhœal discharges. It is then necessary, unless there be plainly marked constitutional symptoms, such as dorso-lumbar pain; œdema of the eyelids, back of hands, or nymphæ; frequent and, above all, nocturnal micturition, to attend, in women, to the following precautions.

1st. Not to accept those cases where the microscope shows us

numerous epithelial scales from the vagina, especially if mingled with pus globules, or mucous corpuscles, unless we have kidney *débris* as well; and 2nd. Either to draw off the urine with a clean catheter or 3rdly, if this be impracticable, to direct our patient to carefully sponge the loci with warm water before passing urine, and to pass this into a quite clean utensil.

The treatment of albuminuria in the female, differs so slightly from that of the same disease in the male, that it is not worth while to amplify on it here. I therefore come in the last place, to briefly consider general modes of treatment, having already indicated the special modification each diseased state requires. Our first duty is clearly to endeavour to form a diagnosis, either from other symptoms, or from further examination, and this alone will often determine the proper treatment of the case before us. But the symptoms of retention, at least, will demand immediate relief, and, foremost amongst the means at our command, I must place the use of the catheter. In almost every case, the flexible (male) catheter, without the stillette, will be found the most efficient, and the most cleanly. I must digress here for a moment, just to find fault with the common text-book directions for this. It is neither necessary, nor useful, but often highly inconvenient and unpleasant to our patients, "to feel for the clitoris" as we are directed to do. It is better in almost every instance, to introduce the index finger from the perinæum, or, at least, from behind, forwards, just entering the vagina slightly, and to feel for the cord-like urethra, and the bead-like meatus urinarius. I am certain this is far easier and more pleasant to every one concerned. As to the posture of the patient, it is worth while to gain a little dexterity in, at least, two positions. That in which the patient lies on the back is easiest as regards the majority of operators, but the usual obstetric position (on the left side), is the only possible one in some cases of disease, and involves no moving the patients in obstetric operations, &c., and, therefore, I advise students to practise at least this modification. In this country it is hardly likely that either standing or sitting positions would be chosen by the patients, although the introduction of the catheter is quite as easy so, as any otherwise.

The second grand means of relief, apart from constitutional or surgical treatment, is *Position*. I have already shown the aid this affords us in uterine displacements, when indeed, especially in pregnancy, it is often curative. In cystitis too, the prone position will often relieve the sensitive surface of the bladder.

Warm baths, and soothing topical applications, and occasional local depletion by leeches are also so generally useful, and so obviously required, in many cases, that I need not repeat my

former remarks. With regard too to the use of diluents and demulcents, I will remark only, that the simplest are the best.

“That is best which lieth nearest,
Take and shape it to thine art.”

Weak warm tea, plentiful use of milk, barley water, toast water, occasionally lemonade, and sometimes effervescent wines or medicines are better than more elaborate prescriptions. Of drugs, opium in some forms (often as suppositories for the rectum), and hyoscyamus, will, I think, be found most useful. In concluding these sketchy and therefore imperfect remarks, I will only add, that in writing on this somewhat difficult and delicate topic, in a paper written only for medical students, or at least junior practitioners, I have chosen to use plain terms, in order that I might not be misunderstood, and I hope that I have avoided all indelicacy of sentiment. If we are to relieve suffering it is only by plainness of speech, united with gentleness of manner, and delicacy of heart, that we shall really succeed in so doing.

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The Healing Power of Nature, with Cases. By ALEXANDER T. MACGOWAN, late Assistant-Surgeon 52nd Foot (Oxfordshire Light Infantry).

WHENEVER a ship comes into dock it is usually overhauled for repairs ; and if storms and tempests have tossed it about there is ample room for this restorative process. I have never yet heard of either a vessel or a house that was found to increase in strength and beauty by the wear and tear of the elements. In like manner, in our passage from the cradle to the grave, the wear and tear in the battle of life does not increase our vital force. The follies and fast living of youth trip us up in age, and each illness, or depressing influence, makes its inevitable mark upon us.

But if we are careful to preserve the breath of life that God has breathed into our nostrils, we have a good chance of reaching the extreme of life allotted to us. A pleasant climate, exercise, a sound digestion, and refreshing sleep, are Nature's pleasant remedies. Man has added others and among the shoals and quicksands that we may be stranded upon, in addition to the noxious effects of bad climates, want of food or raiment, accident or disease, or anxiety of mind, there is another where we least expect it, for we may surely reckon a medical practice based on the innumerable remedies in our compendia on medicine as a dangerous shoal. Drugs and remedies that would destroy the consti-

tution of an athlete are fearlessly prescribed for the feeble and the sickly, and poor squalid creatures, suffering from lack of meat and warmth, are assisted on their downward career by the orthodox practice of the schools. The medical profession should be the preservers of their species, but with an abiding faith in the healing power of mercury, and in the restorative virtues of antimonials, it is no wonder that in practice the theory of preservation is not carried into effect. Were our public soup-kitchens as numerous as our hospitals, the need for the latter would happily diminish, and as our Medical Council is engaged in ingeniously tightening the reins of medical education, it is causing gradual diminution in the number of the medical profession and consequently a prospective diminution of medical institutions. It is thus an unconscious instrument for good.

While, however, a stereotyped practice is likely to prove hurtful, a rational treatment, guided by common sense, will materially assist the mysterious healing power of Nature. The names of Dr. T. K. Chambers, of London, and of Dr. T. Inman, of Liverpool, shine like pole-stars above the mist of medicine, and their rational and lucid expositions are a sure thread in the labyrinth of disease.

I have had ample opportunities of testing the value of a rational medicine as opposed to the accumulated doctrines of past times. In practising according to regulation, I have been a very Herod among children, but with the guiding star of Nature and common sense, as opposed to the dogmas of the schools, I have seen the returning blush of life. Grey powder and antimonials have to answer for the death of many infants, and that pernicious doctrine that children can *stand* mercury better than adults has much to bear. Enthusiastic Jews, learned in the law, used to have written on the borders of their garments precious and fundamental texts. It would be well for the profession if the order of the Director General of the American Medical Department, sweeping "calomel, antimony, and the like from the Military Pharmacopœia," formed the phylacteries of the sons of physic in this country. To quote the words of Mr. Dryden :—

"The first physicians by debauch were made ;
Excess began, and sloth sustains the trade.
By chace our long-lived fathers earned their food ;
Toil strung the nerves and purified the blood ;
But we, their sons a pampered race of men,
Are dwindled down to threescore years and ten.
Better to hunt in fields for health unbought,
Than fee the doctor for a nauseous draught ;
The wise for cure on exercise depend ;
God never made His work for man to mend."

Our medical magnates who rule the educational department of

the profession, while making provision for innumerable varieties of knowledge, take no thought of any method whereby a meed of common sense may be poured into their pupils. Common sense is not uncommon among the public, but in no calling is it more needed than in the medical profession, where it is least considered. This talent proves more helpful to patients than a mountain of abstract knowledge. I will give two cases as illustrations of natural medicine, where the vital force being carefully preserved and watched over gradually righted the "broken health," or "half death," so eloquently described by Dr. Chambers in his recent little volume on the restoring influence of climate, with especial reference to Italy. I was leaving Cawnpore for my regiment in the Punjab, and the medical charge of draughts fell to me. We were ordered to march for Peshawur, a three month's journey. Among us was a gallant officer who had seen hard service in the Crimea, and who was straight from England. He was rather below par, as he was fresh from the evening parties and the dinners of a wealthy English town. He was determined to renew his vital force, and his method of restoring his energies was to be accomplished by a rigid adherence to hygiene and exercise. As usual in India, our marches began in the early morning, often not long after midnight; thus the restorative power of sleep was diminished. Exercise, however, was left to him, and by strong exercise he hoped to find his health restored. He spurned a palanquin, and would accept of no assistance from a horse. A man of commanding stature, his head was seen at the head of the column towering above the soldiers in the ranks behind him, leading the men at a good round pace. Day by day, and week by week, the gallant —— walked steadily along. He had run away with Nature's remedy and was determined to prove its value. I attempted to show that exercise *beyond* the renewing power of Nature was prejudicial, and recommended our commander to a horse. But he was inexorable, till at last a painful inflammation on his leg obliged him to seek the "doctor's" advice. I then obliged him to lie in a palanquin and to take restoratives and wine, by which simple means the inflammation in the leg subsided. He then became convinced that a hobby might be ridden too far, and that all medical doctrines or even natural remedies must be used not blindly but with common sense. Experience taught where argument had failed.

A more recent case proves equally plainly the value of a natural treatment without specifics, but at the same time it shows unmistakably that as yet the public is not fit to take its own treatment, even by Nature's remedies, entirely on itself.

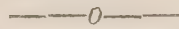
A few months since, I was asked by a Post Office letter carrier to see a friend of the latter, who, during a recent attack of confluent small-pox, had suddenly lost the use of both upper ex-

tremities. Convalescent from small-pox, and discharged from the special hospital for that complaint, he was now living at home on his little savings, unable to earn even a day's wages for the support of his wife and himself. Being then connected with the North London Hospital for Consumption, &c., I gave the patient an out-patient letter, and he continued for some time under the treatment of myself, and subsequently under that of Dr. Johnston. The patient was twenty five years of age, a foreman brick-layer, of a consumptive family, but not himself affected with phthisis; most strongly pitted with the small-pox, of spare, but healthy frame. His pulse, however, was weak, and his left eye felt dim and unequal to much exertion. He stated that when the eruption of small-pox had "come to a head" (December, 1865), he suddenly found that the left arm was so weak that he could not lift it from the bed. Twelve hours afterwards the right arm became affected in a similar manner. He had no loss of sensation in either arm. No other loss of nervous power occurred, save a weakness of vision, and he never lost the power of moving his fingers at the worst of the seizure. For a month this condition of both arms remained. Then the left arm, which of the two had been the weakest, and the first seized, began gradually to mend. The doctor at the Small-pox Hospital told him that as his strength returned, his arms would recover their wonted strength. A rich man would have gone to a mineral spring, or have sought some more genial climate than England not many weeks after Christmas. A painless weakness, such as this complaint, would have been a rare excuse for a wealthy patient to coddle and pet himself into health again. But with the poor, idleness means loss of wages, and hunger, and want of fire and light, and it behoved F. H. to hurry matters. He obtained a letter to a celebrated hospital where the patients are so numerous that each can only get an infinitesimal amount of the doctor's time. However, he attended for a month and then gave up because he found he was not improving much. On examination, I found that he could do nothing but move the fingers of his right arm. With the left even he could only just manage to raise an empty bottle above his head with considerable strain. I examined the prescription from the celebrated hospital, and found that nothing could have been better than the medicine given. It was quinine and iron. But there had been no time to enter into his daily mode or habits of life, and it turned out that in his frantic eagerness to hurry on his recovery, he had been using daily violent exercise; using up his feeble nervous force and leaving nothing for purposes of repair. He had been trying to walk himself into health by eight miles a day, with a few spirits of eighteen or so.

I simply ordered those ordinary means which common sense

would dictate for weakened nervous force. I ordered essence of beef before rising in the morning. I made him sleep the clock round, and eat three good meals a day. I diminished his extraordinary pedestrian efforts to two miles or less per diem. Warm clothing was enjoined, and a little stimulant in the way of bitter ale at dinner, to fillip his digestion. Small doses of quinine and a little opium and cod-liver oil were the medicines. Locally, some cold water (two quarts) were poured twice daily on the shoulder, and the subsequent glow was heightened by friction with oil. By degrees he began to mend. Then came an interval of poverty, when the natural treatment was abandoned, and he gradually began to recede. Happily, however, a relative came forward and took him to the country, killed the fatted calf, and recommenced the treatment. Not many weeks ago, F. H. called on me, being able once more to use both arms, with a daily and increasing feeling of strength, the old numbness being replaced by an indescribable sensation of returning power.

During his very gradual restoration, some medical friend of his had anxiously desired to try the stimulating effects of galvanism upon his arm, but I dissuaded the patient from this treatment by asking him if he thought a jaded horse would be the better of his corn and rest, or whether a galvanic battery would instantly render him ready for his next day's work.



A SKETCH.—No. III.

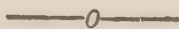
It may have been a fashionable street once upon a time, and ladies may have tripped lightly up the door steps to balls, but that time has passed away, and it is a fashionable street no longer. The iron extinguishers on the high railings at some doors speak of the time when the link boys used to ply their calling, and when no gas company had as yet monopolised the town. The street, if not in our day a fashionable dwelling place, has an air of sombre gentility about it that renders it peculiarly adapted for the ———— to have fixed upon as an abiding place. The shops here do not vie with one another in the matter of plate glass, but they are quiet and even serious. Doctors abound in all parts, and doctors are not wanting here, but it is not a doctors' street for all that. Yet it is one that many doctors know, and there is a door in it that has a peculiar attraction for the medical profession. On certain evenings in the month many grave and learned men wend their way to a particular house, and disappear within. A plate is on the door, and there are many on the portals. There is lettering round the bell, and from the many names on the

various polished brasses, a casual observer cannot guess the destination of the caller. Let us enter. A modest ring, or an authoritative rap is given with the same result. A prompt and quiet person, with white neckcloth, immediately admits the caller, and the door is quickly closed, lest vulgar eyes should penetrate into the mansion of the scientific. A book lies on the hall table, with pen and ink, and the visitor inscribes his name. The pegs for hats and coats are very numerous, and they are nearly filled. Yet there is but little sign of many visitors. Voices are hushed, and there is neither laughter, nor the mixed hum of never ceasing conversation. In the first room a few are clustering round the fire-place, and one or two are talking in semi-whispers with each other. On a small table there are pamphlets, magazines and papers, but the papers contain no evening telegrams from Reuter's office. On another table there are many slips of paper, and a few lines of print appear on each. Every now and then a new comer enters, and taking up a slip, disappears through a door, folding up the little slip as he walks along. Rarely, a pen is taken, and a stroke is made, blotting out a line of print. Let us look into the mysterious chamber, the depository of these little slips of paper. A long table is there, and a few gentlemen are sitting quietly behind it. There is a polished mahogany box and some mysterious writing is going on, but that is all. But there is something doing at last, for the loungers by the fire and the solemn whisperers, and the erratic ones who had been dubiously wandering, all flock through a little passage. Let us follow:—The room we now enter is a fine one, but it is not a theatre, neither is it a place for dancing. Neither is it a lecture hall, and it is neither church nor chapel; and it is not a club. No oil paintings decorate the walls, but there are books innumerable and from the ceiling to the floor wired bookcases are fixed. Here and there are busts in prominent positions, but the most noticeable object is a square comfortable looking stove in the centre of the room. There are rows of benches, fortunately with backs, and at one end a raised dais supports an easy chair and table. Two other chairs support the centre one, but on a lower level, and the lower ones cannot boast of arms or carving like the other. Let us sit down and listen, for it is not a quaker's meeting after all, neither are we at a Scottish funeral. It is night and we are in the capital of England, and in the hall of a Society of Doctors, which can show a charter from a monarch. It could not have been a merry monarch who gave the charter, but a monarch of a chastened spirit, or some monarch who had a serious experience of doctors or their physic.

The three chairs are filled by this time. A staid gentleman

opening a book of record reads the minutes of the last meeting and gravely signs it at the pleasure of the silent throng below. A minor dignitary at the side then enters on the business of the evening. He reads a manuscript aloud, and the quiet gentlemen listen gravely. There is no applause nor other interruption, and at last the end arrives. Still, all are silent. Then one rising in his place gives utterance to a measured commentary; another follows, but soon silence supervenes. Then there is a move and some spasmodic life is visible as the crowd now throngs back to the adjoining room. Coffee and tea are being served at a counter arrayed in white. The ballot box is cleared away, and the writing materials have given place to the necessary equipage for tea. The room is full, and as the tea and coffee fire the blood, some feeble geniality is visible. Yet many are already leaving, and the pegs are getting bare of coats and hats. Soon our turn comes to quit the festive scene, and as we go out into the London streets, and make for home, we cannot keep from wondering whether none felt bored by the respectable but eminently tedious doings of the ———— Society!

A. T. M.



SPRAY.

"Some fancies, like the solemn waves
That rush along the bay,
Sweep home again to quiet graves;
But some are like the spray
That higher up the sounding shore,
Flung by the foaming whirl,
Escaping to the deep no more,
Tremble in scoops of pearl."

"SPRAY." Macmillan & Co.

VI. THE SICK ROOM.

A little boy, son of an English Peer who brought up his children in almost Spartan plainness of living, used to say that "he liked being ill, because he got nice things to eat, and had no lessons to learn." Few amongst us, bigger folks, would venture on putting such a thought into so bold and undisguised a form; and yet, perhaps, there are many of us who feel that even to "children of a larger growth" there are times when the retirement, the quiet, and the sympathy of the sick room are an agreeable contrast to that out-door life of fevered excitement, which is so seldom refreshed with the cool and perfumed spray of kind and sober thought. For in these modern days of railways, and steam-boats, and telegraphs, we live at so fast a rate;

we are so prodigal and bankrupt of our powers of mind and body, that we are forced to become niggards and misers of our time, and to curb our imaginations, and chain winged thoughts to the triumphal, but juggernaut car, of modern progress and civilization. Here and there one does meet with some of those of whom it is said—

“There are amidst the stunning tide
Of human care and crime,
With whom the melodies abide
Of the everlasting chime,
Who carry music in their heart,
Through dusky lane, and wrangling mart,
Plying their daily task with busier feet
Because their secret souls a holy strain repeat.”

But these are for the most part “old-fashioned souls,” or what the world would call “eccentric people”—till one begins to fancy, amidst the rush and roar of fashion and politics, that if it were not for poetry and art and above all, for the still small voice of one good old, though despised book, our modern civilization and culture were in no small danger of relapsing into a barbarism as cruel, although perhaps far more refined, than that of the Vandal or the Goths. But the chamber of sickness and sorrow has a softening and restfull influence which bids us pause for a moment or two on the threshold of the unseen. Many a soldier in the full career of fame, many a wearer of ermine, and many a world-hardened politician, has been better, and kinder, and a truer man for the sick sister, or cousin, or the crippled and helpless brother, lying at home, of whom the world perhaps knew nothing. The child’s question “Why God made idiots?” may be hard to answer, and it may be that we might have to learn that He never made them at all as such, but that they, and all the misery, and crime, and squalour around us are our works and not His at all; yet since He lets them be, and since plague and pestilence yet run riot and revel in this earth of ours, it is at least of His mercy that these things too have their uses—“sweet uses” as we learn of our own Bard—and yet “wear jewels in their heads.”

In one sense, of course, our whole world may be likened to an infirmary, or a large hospital—as we once heard a celebrated preacher, in the oratory at Birmingham, preaching on the words, ‘Peter’s wife’s mother lay sick of a fever,’ declare that human life, from dawn to dusk, from cradle to grave, was but one long fever, wherein the sick man, with burning thirst, dry tongue, hot head and hands, and throbbing brow, lay restless, tossing to and fro for evermore, in a long delirium. Such a picture is, however, too gloomy to be entirely true. At all events the fever knows some abatements; there are moments in which the deli-

rium departs, the dry, cracked tongue grows cool again, the burning brow and hand are less hot, and the raging thirst is slaked. In lieu of restless tossings the sufferers sleep a sleep—

“Full of sweet dreams, and rest, and quiet breathing.”

Yet when we consider the amount of sorrow and suffering which even at the best, must and do occur, we must at least agree with him who sings—

“The world’s a room of sickness, where each heart
Knows its own anguish and unrest ;
The truest wisdom there, and noblest art
Is his who skills of comfort best ;
Whom by the softest step and gentlest tone
Enfeebled spirits own,
And love to raise the languid eye,
When like an angel’s wing, they feel him fleeting by.”

Leaving, however, to quieter hours the consideration of these heart-lessons from sick rooms, let us try for a moment and see if we cannot, by a little thought and care, learn some practical lessons for our patients and ourselves as to the conduct of a sick room.

It is seldom, as medical men, that we are consulted as to the choice of the *room* itself ; this is more often determined on before our visits are paid at all, and for obvious reasons, it is often not in our power to change it afterwards. Yet we are sometimes asked about the sites of infirmaries, and sick wards for both schools and the poor. If so, let us hope that we shall never be parties to such old-fashioned and clumsy arrangements, as thrusting these into the darkest and gloomiest corners, for the mere sake of economy of bricks and mortar, or to spare architect’s expenses. A light, airy, and cheerful sick ward would prove a saving to any school or parish. But the room once chosen, it is our duty to see and insist that it be well ventilated. Even amongst the very poor, a doctor who constantly insists on having this done, will find after a while that the “oft repeated tale” will gain credence at last. The poor are slow to learn, but they are also slow to forget. Our former system of window-taxes, and the shameful selfishness of many landlords, have been the real causes of much of the dirt and misery, and even crime, of the poor. With regard to light too, it is important that we should teach the poor, and often the rich, its advantages. But some very good books on nursing a little overdo this point. Too great a glare of light is not good for some states of brain, and no theoretical reasoning will make it so, for light is, to a certain extent, an irritant, in both the moral and the physical worlds. It is important that we should remember that all cases are not alike. But our practice, if

clinical, is sometimes of the Procrustean type. We think because much light is good for the blanched and stunted child, it must be equally suited to the overworked brain of the perhaps intemperate artizan. The one requires a stimulus, the other rest and repose. Speaking of rest too, and quiet, even this may be overdone in cases of chronic illness. It is in long continued diseases so wearying to lie still, in absolute quiet, and unable to do anything, that we are sure we speak truth when we say that the majority of our patients in the large London hospitals are glad of the daily visits of the students and the surgeons, noisy as the former, in their unthinkingness often are. Sure at least we are, that busy, bustling, rather noisy, and creaking-booted men often succeed better than their more solemn and stately gliding confrères. Some of these cheery little men, carry a whole world of hope and promise in their merry looks. Not that we would be understood to advocate a rude or noisy style of visiting for medical men. Far from it; it is only the professional undertaker, or hired mourner-like manner we deprecate. If only a man be a gentleman, his own natural manner will always be best. If sick folks do not see through the thin disguises of assumed pity and commiseration, the little folks soon do. A child is hardly ever "taken in" by pretenders of any kind. Even where actual pain is inflicted on them, children will often forgive those whom they like, or who like them, which, we take it, is nearly the same thing. We have seen a child of four or five years old, kiss, of its own accord, the hand which held the knife that had just wounded it for its cure, whilst we have known others actually dislike, and even scream at the sight of others, who would bring them sweets, and pretend to be fond of them.

To return to the sick chamber we had left, it is not enough that it be airy, cool (not cold) light, and clean, nor yet that there should be cheerful attendants, both doctor and nurses. Something more is yet wanted. Some little break in the wide expanse of whitewash or printed paper, or of whatever the walls may be. A picture here, a vase of flowers there—slight things in themselves, may yet prove the turning point in a long sickness. At all events, these trifles, in themselves, are of the highest service, they relieve the mind of that ceaseless feeding upon itself which so soon, and so sadly, in many cases, leads to mental bankruptcy. The authoress of "The Gayworthy's, a Story of the Threads and Thrums of Life," says somewhere that "God alone knows how slender are the threads which hold the often giddy mind to its true balance, and prevent o'er weighted reason from toppling from her airy throne. A look or a tone may reclaim the truant soul from erring in hopeless

madness." We feel sure that a few years hence, we, or our children, will look on the bare and prison-like walls of our hospitals and poor-house infirmaries with horror even greater than we feel at the whips and chains and whirling-chairs which once disgraced our asylums. One or two exceptions there are, and noble ones, but they are chiefly in the provinces. Mammon is too strong in town. We do not blame the committees of hospitals so much. The public generally are to blame, and we, as a profession, are not guiltless, for we ought to have demanded these things as necessities for the poor, not luxuries.

A friend of ours complains that these papers are not what he expected. He says that they are written too much for the public, and not enough for the profession. He wants his *Mirror* to be all *Medical*. We confess the charge—we do write for the public, for we believe that in an intelligent public lies the real fate of our profession in the future. And what the public is to be in medical matters, will very much depend on what we, the doctors of the day, make it. If ever our profession is to cast the slough of degradation, and to appear in its proper form and semblance, it will be when the public is sufficiently enlightened to discern the craftsman from the mere pretender. But, dear public, one word in your ear, please.—If you would but remember that talkers are not doers, you would not so often be deceived. It is partly your own fault, and you will some day find it out and make short work of the quacks, both in and out of the profession. With regard to the management of the sick themselves, it needs but little knowledge of human nature to learn that to a great extent we must treat them as children. It is clearly the duty of the sick themselves, if of sufficient age, to submit themselves quietly to whatever is being done for their good. Yet as doctors, or as nurses, however, we may desire and insist upon obedience to our orders, it is clearly far better, except in the case of mere babies, to gain the intelligent co-operation, and submission of our patients. Even when there is delirium, a nurse or a doctor with tact or courage can do more than a dozen strong men by mere brute force. This paper threatens to be too discursive, it were even better to treat it as the gardener does the boughs and branches he cannot train, he cuts them off and we will do the same. Staying only a moment, just to remark on the vexed question of *diet*, that we believe mistakes are made more often here than elsewhere. If our forefathers bled and starved too much, we feel sure we often over stuff and stimulate too freely. We are not here speaking of fevers merely, in which no doubt, as a rule, the modern treatment is best, although it is incredible how much good liquor is often wasted on our patients; perhaps not wasted, for the nurse often imbibes it perhaps as much to her harm as the patient's; but rather of

continued ailments, yet we must guard ourselves against *always* resisting the cravings of our patients, however odd and whimsical they may seem, for nature is sometimes wiser than the physician. The "trash and rubbish" eaten by the children of the poor, though often deleterious, yet not seldom serves true physiological purposes. But it is not out of place to insist that at least there shall be no concealment from the medical attendant. To give secretly what is forbidden is as culpable, and improper as it is often dangerous. "Let us all live with open windows," as Sidney Smith used to say:—

"And if our fate be death, give light and let us die."

Ἰατρὸς.

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ANNUAL SOIREE OF THE PHARMACEUTICAL SOCIETY.

ONE of the greatest scientific treats of the whole year took place during May, at the extensive rooms of this rising and useful society. Nearly 500 gentlemen were present, among whom we noted many celebrities both of the chemical and medical world, besides numerous other visitors learned in general science.

All the visitors was received by the worthy President, G. W. Sandford, Esq., and two other gentlemen, members of the Council. As the stream of guests came pouring in, the duties of the kind hosts were no sinecure. Every room was occupied by attractions of a most costly kind. Instead of a few hours, visitors could have taken a few days, to examine the many beautiful and extraordinary objects brought together at great labour and expense by the working members of the Pharmaceutical Society. Numerous firms in the City and elsewhere had lent most costly and scientific articles, and one of the chief attractions of the entire display was the fact of the very practical and useful character of innumerable objects and inventions,

Professor Redwood, aided by Charles H. Wood, Esq., had fitted up a case of wax-work looking objects, which in reality were nothing more nor less than meat preserved in paraffine. A full account of this most extraordinary and useful method, (which is likely to be an inestimable boon to the poorer classes of the community), is given in another page of this month's MEDICAL MIRROR.

A boiler of pure platinum for the preparation of concentrated sulphuric acid was exhibited by an eminent chemical firm. Of small proportions, the cost of it, nevertheless, was £2,800. Pictures, microscopes, crystals, and gems, vases, photographs, bronzes, and other things too numerous to mention were displayed in liberal profusion. Sun-dials, fire-damp detectors, a pneumatic signal apparatus, machines for the artificial preparation of ice, Schubse's Electrical Machine (the still undiscovered scientific puzzle), dried plants and specimens of ivory are but a tithe of the various objects of interest.

Not the least interesting was the grove of rare medicinal plants, tastefully arranged by Professor Bentley. The green beauty of the delicate foliage was heightened by the brilliant gas-light. The Medical Corporations ought to take pattern by the Pharmaceutical Society, and invite their members and licentiates to occasional conversaciones. No one can hope for amusement from dignified physicians, but they might try to be useful by showing the progress of their science and invention as fearlessly, if not as pleasantly, as did the practical and useful members of the Pharmaceutical Society at their recent excellent Soirée.

REVIEWS AND NOTICES OF BOOKS.

Circular No. 6. War Department, Surgeon General's Office, Washington, Nov. 1st, 1865. Reports on the Extent and Nature of the Materials Available for the Preparation of a Medical and Surgical History of the Rebellion. Pp. 166, Imp. 4to. J. B. Lippincott and Co., Philadelphia.

THIS so-called *Circular*, but in reality goodly volume is the American War Department Report on the medical and surgical experience gained in the colossal armies of the American Republic. It is analogous to an Army Medical Department Blue Book of our country. Through the kindness and courtesy of Messrs. Trübner, of Paternoster Row, the eminent English, Continental, and American publishers, we have been permitted a private view of this extremely valuable record, which is unobtainable in this country in the ordinary channels. The Blue Books of our British Army Medical Department are tardy in their appearance; and when at last they are forthcoming, we are not at all sure that the most able documents have always been collected for the printer. A confused mass of figures and details of the driest description render our Medical Department Blue Books unpractical in the extreme. We would strongly recommend our Army Authorities to peruse the "Grey" books of the United States War Department and learn how facts may be put together for the benefit of the practical and busy surgeons of the day, who have no time to pore over clustering figures and ingenious but objectless statistics. Tables are not wanting in the Grey book of the American Medical Department of the Army; but while tables are well attended to, other points of more vital importance have not been forgotten. In the American circular there are numerous beautiful engravings in connection with the summary on gun-shot injuries to the various portions of the body. These add force to the lucidly detailed cases that accompany them. The huge armies of the States and their great battles cause the returns of our English and French Crimean War Hospitals to dwindle into comparative insignificance. When it is stated that in comparing the numbers of cases of some important injury, as for example, gun-shot fractures of the femur, it is found that in the French Crimean Army there were 459 such injuries, and in the English Army 194, while *over* 5,000 such cases were reported to American Head Quarters, the magnitude and importance of the returns can be estimated. And again, the serious operation of excision

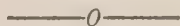
of the head of the humerus, according to Crimean returns, was performed sixteen times in the British Army, and thirty-eight times in the French Army, but the registers of the United States Army Medical Department record the enormous number of 575 such operations. In the frequent battles in the course of the civil war and the great strain on the time and energies of the Army Medical Officers, it was found difficult to secure in the official register of cases the happy medium between an exacting prolixity and a conciseness consistent with utility. By the judicious talent of a Board of Army Medical Officers this weighty point was carefully adjusted. The registration of gun-shot wounds took place under the following nine headings, forming nine volumes—viz., 1. Wounds of the head and face; 2. Wounds of the neck and chest; 3. Wounds of the abdomen, back, and spine; 4. Wounds of the perineum and genito-urinary organs; 5. Fractures (gun-shot) of the upper extremities; 6. Fractures (gun-shot) of the lower extremities; 9. Wounds (gun-shot) of arteries, veins, and nerves. A 10th volume embraced Sword, Bayonet, and Miscellaneous Wounds. Five separate volumes recorded the cases of operations under the following headings:—1. Amputations in the continuity; 2. Operations in the contiguity; 3. Excisions; 4. Ligations; 5. Miscellaneous operations.

Again a further sifting was instituted; the more serious cases were set apart from the lesser, and not only were the newer description of returns ransacked in the search after accuracy and in the interests of science and of students, but the older and more elaborate returns were waded through, and the present lucid, concise, and readable book crowns the laborious investigation of the numerous experienced men to whom the herculean task was entrusted of sifting the bulky records of the great civil war. In a *single page* of Circular No. 6, a simple and effective classification places before the student the astounding number of 87,822 wounds and injuries, and of 17,125 surgical operations.

Everything of transcendant interest both in surgery and medicine has been touched upon in the handsome volume before us; but efficient and excellent as it is, it is but a key to the gigantic amount of information that is lying in the office of the Surgeon-General of the United States Army, the materials for an exhaustive Medical and Surgical History of the great American War.

A point not the least surprising in Circular No. 6, is the fact, that this lucid abstract of the war came out in *the year* of its conclusion. Those who are accustomed to wait for years for our Blue Book in no extraordinary time must be struck with the alertness, activity, and business talent that is showed by our

American brethren of the Service, and a feeling of shame for our own shortcomings must prevail. No attempt is made to render our Blue Book clear and interesting by the medical luminaries of the Horse Guards. It may find a place on the shelves of the learned societies, and it is distributed gratuitously to the doctors of the Army, but it could command no sale to the general body of the profession; and it offers no comprehensive grasp of any subject, for any facts and inferences are buried in a tomb of tables and statistics. The volume before us would be read eagerly by any and every practical physician or surgeon in or out of the Service, and it is a waste of the revenues of our country that with an equal expense a book equally profitable with American records cannot be forthcoming. By the judicious use of engravings, from drawings, and of lithographs, from photographs, our Blue Book might be greatly improved; and we recommend most heartily to the Directors of our Medical Services the interesting Circular No. 6 with its beautiful plates and its lucid facts, deductions, and records of experience, as a useful guide in the preparation of their English returns.



Malaria; the Common Cause of Cholera, Intermittent Fever, and its Allies. By A. T. MACGOWAN, late Field Asst.-Surgeon at Cawnpore, and Asst.-Surgeon 52nd Foot (Oxfordshire Light Infantry). 8vo. Pp. 15. London: Churchill and Sons.

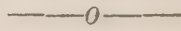
THIS essay on cholera appeared in the MEDICAL MIRROR for April, and it is therefore unnecessary to go into any lengthened review on this author's views. Several years' residence in various parts of Bengal have given him an opportunity of seeing the malarious fevers of that country, and he is convinced that malarious fevers and cholera are identical complaints, depending simply on the dose of the poison introduced into the system. He states that quinine given by the mouth is useless in an actual ague fit. It is also useless in cholera collapse, given in the same manner. Used hypodermically in an ague fit, its curative effects are marvellous, and he advocates a similar hypodermic use of quinine in the collapse of cholera. He finishes the essay by saying that the likeness between cholera and ague is so striking that it remains for practical veterans in the profession to prove whether any real relationship exists between them or not. Dr. Macgowan's views are shared by many Indian observers, and they deserve the attention of the profession.

On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria, in Females. By BAKER BROWN, F.R.C.S. Eng., Senior Surgeon to the London Surgical Home, &c., &c. Robert Hardwicke, London. Pp. 85. 8vo.

THIS is an able monograph on those nervous diseases of women which result from peripheral excitement of the pudic nerve, or to speak in plain language, those obscure manifestations of diseases caused by a weakened nervous system, irritated by solitary venereal excitement. Excessive venery in males is well known to exercise a most blighting influence over a growing frame, but this all-important subject has been mostly left to those external to the profession, who seek not to relieve but simply to prey on the fears and weaknesses of humanity. No legitimate practitioner has as yet had the boldness to come forward to write a warning and practical treatise on this subject, vitally as it affects the human race. Fear of squeamish critics, whose Latin is often more ready than their wit, has not, however, deterred Mr. Baker Brown from giving to the scientific in the medical world the benefit of the immense experience he has gained in his large and special women's practice. Mr. Baker Brown is too well known, and his abilities are too distinguished to have led him to publish this treatise as a mere sensation, or as a bubble to float his name to notoriety. Mr. Baker Brown deserves well of the public, and the hard-working among the medical profession, for his clear and able exposition of these hitherto obscure cases. Superfine physicians are not wanting whose minds are so overcast by vanity, and an overweening sense of their own dignity, that they forget that their only true worth can be estimated by the amount of practical good their learning can distribute. The true physician knows of none unworthy of a measure of his skill. Acting on this humane and Christian principle, Mr. Baker Brown has opened up a page which has hitherto been concealed, not from its unimportance, but from a sickly modesty, and a fear of Mrs. Grundy, which is nowhere more rampant than among the commonplace mediocrities in the medical world.

Mr. Baker Brown deserves great praise for thus boldly and carefully bringing the subject of the evil effects of female masturbation before the profession. The treatment which he adopts is simply the entire *excision of the clitoris*. The cases which he gives in the treatise appear to have recovered perfectly from their various ailments. The operation above named is doubtless a radical cure, and many well-known and scientific physicians (Drs. Routh and Savage among others) approve of it in proper cases, but we must say that we think it should be the

very last resource. It ought, moreover, never to be done without due consent, as very disagreeable legal action might be taken upon it. No one has as yet advocated the amputation of the penis as a cure for onanism, and such an operation would not be received with favour even by the most enthusiastic doctor, and we think that medical men should be equally careful not to do to the other sex what they would not do for their own.



Asiatic Cholera. By F. A. BURRALL, M.D. Fcap. 8vo. Pp. 155. William Wood and Co., New York; and Messrs. Trubner and Co., London. 1866.

Dr. F. A. BURRALL tells us in the preface that his object in writing this work was to bring together in a condensed form the more prominent views, especially of recent authorities with regard to this fearfully interesting disease. No one could have performed this task in a more fair or clever manner than this author. He does not cull from the pages of the very numerous works and papers which are quoted, those expressions alone which serve to prove any particular theory, but he honestly and faithfully gives the opinions of the many workers in this intricate field of medical literature. The communicability or personally contagious character of the disease is dwelt upon at some length. The author does not consider that certain cases on record in which it would appear to be non-contagious disprove in any way the fact that in other instances direct contagion was present. Rules have exceptions, but the rule is still there, in spite of the exception. He says "the testimony of the five witnesses who saw the culprit steal the axe was not weakened by that of the twenty who swore that they did not see the theft." The book is that of a practical, hard-working, and careful physician, who rides no hobbies, and who does not consider his own views must necessarily be the only true ones. No self-sufficiency crops out in this excellent work, but a wonderful amount of information is gleaned from the earliest authors to the recent lucid papers of Dr. Maclean, all of which is elaborately and carefully laid before the reader, whose common sense will be able to judge that middle-way of safety between the extreme notions of sensational cholera-mongers and those of practical men of common sense.

Dr. Burrall calmly reviews all treatments and places in a tabular form at the end of the book—the various prescriptions that have been used. The one universal remedy that is present in all cases, and which all methods are merely adjuncts to, is the *great restoring power of Nature*, to this he gives prominence

in the following words of M. Velpeau (from *L'Abeille Medicale*, of Nov. 13th, 1865):—"It is not impossible that a notable number of cholera patients recover *without remedies or specifics, and in spite of them*; and the proof is, that in all epidemics, in the violent one of 1832, as well as those of 1849 and 1854, more than one-half of the cholera patients have recovered—have recovered by methods of treatment most opposed and various."

These are valuable words, and they prove how the advocates of mild treatment run away with the credit which is really due to the *vix medicatrix naturæ*. Our Italian friends have been led by recent experience to the conclusion that sharp treatment is bad, and that mild remedies offer the best chance of a successful issue for a cholera-stricken person. The first golden rule then should be, to *do no harm*.

Dr. Burrall reminds us that diarrhoea accompanies epidemics of cholera, and many deaths occur from this disease alone. He brings forward recent cases to prove that purgatives have brought on cholera. And as many people have recovered from cholera proper without the eliminating action of purging, he naturally concludes that purgatives are contra-indicated."

Finally he observes:—"Without venturing any positive opinion upon a subject which is still involved in so much obscurity, it would seem that, judging the disease by its origin in the midst of highly malarious influences, and in the presence of animal filth, by its tendency to produce septic alterations in the blood, its spasmodic character, and its disposition to fall upon the nervous system, a medicine containing quinine, in combination with an astringent and anti-septic like sulphuric acid, an anti-spasmodic like chloroform, an anti-irritant like opium (which also in small doses increases the force, fulness, and frequency of the pulse), and some diffusible stimulant would fulfil the prominent indications for treatment in the early stages of the disease. With the approach of collapse, opium should be discontinued. Abstinence from food is also indicated in the commencement of the diarrhoea, and simple unirritating nutriment as the disease progresses. Ice taken internally tends to relieve thirst, and modifies the irregular distribution of heat. Cold drinks are more eagerly sought for by cholera patients than warm, and are recommended by good authority, especially in collapse. Applications of dry cold along the spine have been apparently found so useful as to be worthy of a trial. Emetics (of a non-depressant kind) have been found useful in rousing from collapse, and sulphuric acid is recommended. But we must refer the reader to the work itself, which may most emphatically be considered the most exhaustive recent treatise on the subject, and one that displays not only ability, but energetic perseverance, and a strong desire to benefit mankind.

Cholera in its Home: with a Sketch of the Pathology and Treatment of the Disease. By JOHN MACPHERSON, M.D.; late Deputy-Inspector General of Hospitals, H.M.'s Bengal Army, and formerly of the European General Hospital, Calcutta, &c. London: Churchill and Sons. 8vo. Pp. 155. 1866.

WHILE Dr. Burrall in America was writing a careful treatise on cholera, Dr. Macpherson in England was collecting a similarly accurate and extended record of facts. The book is well called "*Cholera in its Home*," and Dr. Macpherson is well able to describe it. He has had a long and arduous service in the plains of India, emphatically the cradle of the disease in question. He states in the preface to the valuable work under notice that a lengthened experience of the disease has enabled him to observe the rise as well as the fall of many theories and methods of treatment. Dr. Macpherson's book has, therefore, a special claim on public attention, which we trust it will receive.

Dr. Macpherson's book will be read with great interest by all practitioners. One point it will be well to mention. He says, "On the whole, I have not the same objection to emetics as I have to purgatives, although I think we are generally better without them." With reference to the use of opium in cholera he says: "My own experience is, that in the premonitory and in the early stage of the disease, while there is a good pulse and before it has run into collapse, its effects are admirable. *If I feel confident that I have ever arrested a fit of ague by a full dose of quinine, I feel equally sure that I have averted many a case of cholera by a full dose of opium.*" These are important words, coming as they do from a man of large experience in India, where the poisonous breath of cholera is always present. The irrational use of opium is very dangerous; but it is foolish to taboo a drug powerful for good, because of a lack of common sense in its administration.

The author is not wedded to any peculiar theories on the subject. He calmly recapitulates the experience of his long career as a physician of the disease. It would be well if every practitioner, before assuming the correctness of some theories with reference to the mode of propagation of cholera, and the propriety of trying to *eliminate* the supposed blood-poison, which have been brought in a very ostentatious manner before the public lately, would give himself the opportunity of studying the experience of a master of his art. This little book worthily supplements the article on cholera by Dr. Goodeve, in Reynolds System of Medicine. Both surgeons have studied both ancient and modern opinions and practice. Their treatment has not been exclusive, but eclectic, in character.

Mystery of Pain. 1866. Fcap. 8vo. Pp. 101. Smith, Elder, and Co., Cornhill.

A PERPETUAL holiday becomes a bore, and a life of perpetual joy becomes irksome through its unvarying sameness. The poor labourer looks enviously on the wealthy as they drive past in their well appointed equipages, splashing the mud into his face, but perchance there is a thorn in the side of the wealthy owner of the equipage, as there is also some drawback in the life of the poor labourer. There is a mysterious equality in the lives of all. The cash-balance of one man may be large, but he may have gouty twinges which make his life a burden to him in spite of the golden framework in which his life is set. He may be a childless man with no one but a stranger to inherit his wealth and his position, and he envies the rosy children of the peasant whose only fear is that for his increasing and hardy family there will not be sufficient support. The dyspeptic rich find no happiness over their dainty meals, and they envy the sound sleep and healthy digestion of the poor. The poor, again, think nothing of the blessings they enjoy, the gifts of God, and which the guineas of the rich man cannot buy. Science can do much, but its limits are soon reached, and there is no golden key to open the portals of Nature.

The writer of this rather obscure essay on the *Mystery of Pain*, a Book for the Sorrowful, appears to be anxious to fathom the designs of the Almighty in allowing pain and sorrow to chequer the lives of all humanity. The inquiry into this subject is more particularly directed to the reasons which can permit actual suffering to alloy the lives of so many. The book is dedicated to the mother of the anonymous writer, from whom the thoughts expressed in the book have flowed, if not in words, yet through the actions of her life. The arguments of the book is tritely and eloquently set forth in the verse from the Psalms which is in the title-page—viz., “I cried unto thee, O Lord, and unto the Lord I made supplication: What *profit* is there in my blood?”

The author writes several chapters on the subject which, in a literary point of view, are exceedingly good. Whether the author has suffered, or does suffer, from a painful infirmity is not clear, but it would appear that he has a good deal of spare time for somewhat abstruse speculations, which some vigorous exercise of body and a little cheerful reading might tinge with a more hopeful feeling. The author appears to us to be somewhat unorthodox in one respect, for he seems to consider that the sufferings of humanity all go to a common fund to work out the general redemption of mankind. We are told in the scrip-

tures that after all we are but unprofitable servants, and the Christian faith does not permit us to hope that through our merits or through our sufferings, our salvation can be obtained. The only true sacrifice was Jesus Christ, and although it may be a relief to some to think that the sufferings they endure are working out the redemption of their species, and may turn their pain into a chastened joy, yet we think that their time might be better occupied by making use of the natural means allowed for the alleviation of suffering than in hugging pain and misery to their breast, and trying to argue themselves into the arrogant belief that their poor sufferings can atone for the sins of the world. We are told in the New Testament that a man cannot work out his individual redemption, and it is therefore unreasonable to suppose that he can work out the salvation of his fellows. The Roman Catholic Ritual prescribes fastings and permits of scourgings, of sackcloth, and tortures, and they are welcomed by penitent sinners as a tangible punishment in this world, which is to divert from them in the next the mysterious wrath of God for their individual misdeeds. In this, however, they differ from the author of the book before us by considering that scarcely any amount of pain and suffering will suffice to screen them from the just wrath of the Almighty. Whereas, the writer seems to think that the working out of individual salvation is an easy task, and that there is a wide margin for the millions of those of his fellow creatures whose happiness and freedom from pain cannot permit them to be numbered among the saviours of their race. That in a moment of irritable suffering an ejaculation such as "What profit is there in my blood?" should be made is natural enough, but it cannot safely be made the basis for any prolonged or querulous essays. Rather let the sufferers say "Whom God loveth he chasteneth," and although their patience may not meet in this world with the reward that sweetened the latter years of Job, yet there is a crown of glory for those who believe in the sacrifice of Christ, and who, through faith in his transcendent merits, endure stedfastly to the end. They will assuredly attain to that world where there shall be no more sorrow, and where tears shall be wiped from every eye.

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On the Mercurial and Non-Mercurial Treatment of Syphilis. By R. WILLIAM DUNN, Esq., Surgeon to the Farringdon Dispensary, &c., &c. 8vo. Pp. 48. Robert Hardwicke, London.

SIR Astley Cooper tells us in his lectures that in his day gonorrhœa was treated by unreasoning practitioners with mercury, and he raises his eloquent voice in condemnation. Fortunately

for mankind this disorder is in our times no longer treated in this fashion. Mercury, however, is still a fashionable drug, and one that its friends seem loth to part with. Mercury and syphilis and syphilis and mercury hang together in the minds certainly of the public, if not of the medical profession. And we have a shrewd suspicion that there are many medical men who do not consider they have done their duty to their syphilitic cases if they have not "exhibited" that pillar of the Pharmacopœia, *mercury*. Mr. Dunn takes a rapid but concise view of the various opinions of the many authors who have written both for and against this powerful drug. While his sympathies are with the non-mercurialists, he displays great justice and candour in his view of the other side of the question. An ounce of practical experience is better than a pound of theoretical knowledge; and Mr. Dunn has recognised this important fact by giving some very lucid cases in support of his arguments.

An indiscriminate use of mercury in routine practice must prove poisonous to many. It most undoubtedly betrays the highest surgical knowledge to be able to determine where, and where not, to use mercury; and unless a practitioner feels himself competent to determine this very nice point, it is assuredly much more safe for his patient and his own reputation to leave out mercury from his list of remedies altogether. Mr. Dunn's excellent epitome of the opinions of the various authors who have written on this knotty subject will be read with great interest by all, but more especially by that great body of practitioners whose engagements will not permit of any such extended literary researches as have been made by Mr. Dunn. Mr. Dunn has been most successful in his treatment of infantile or hereditary syphilis by means of chlorate of potash (with and without hydrochloric acid), cod-liver oil, and steel wine. Mr. Dunn's pamphlet will take a good place in the literature of syphilis; and it cannot fail to make many converts to the practice of which he may assuredly be considered not the least of pioneers.

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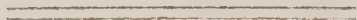
The Active Medicinal Principles of Cod-liver Determined and Separated. By C. C. J. GUFFROY. Robert Hardwicke: London.

EVERY medical man in practice knows that in many cases where cod-liver oil is indicated as a medicine, its nauseating effect on the stomach causes it to be abandoned with disgust on the part of the patient and chagrin by the doctor. M. Guffroy's cod-liver dragées or sugar-coated pills of cod-liver oil extract offer a

pleasant substitute for cod oil. Dr. Richardson considers the dragées to be excellent substitutes for the cod-liver oil; and as M. Guffroy offers gratuitous supplies to medical men for experiment, we trust that those medical men who dislike novelty will, at any rate, not condemn this concentrated extract of the watery principles of the liver until they have given it a fair trial.



A SMALL tract on "Woman's Rights" has reached us for review. The authors' name is not given, but it is apparent from the contents that the writer is a woman, and a very able woman too. We think there is nothing but truth in all she advances; and we would be glad to welcome a larger effort from her pen than the one before us. We do not think that any one can differ from the following, which is the spirit of a portion of the tract: viz., "that the moral nature of man requires considerable cultivation, and that the intellectual qualities of females should be encouraged to higher development." It is certainly true that if women exceed the limits of the most common-place knowledge, they are ridiculed as blue-stockings, and if they attempt to earn a living in any but the beaten tracks of needlework, teaching, or depravity, they find prejudice like an iron door bolted and barred against them.



MEDICAL OPINION,

The last number of the *Edinburgh Medical Journal* contains a very interesting case by Andrew Dunlop, M.D. It is a case of "Rupture of the Heart," which occurred in the practice of Mr. Armstrong, of South Shields. It appears that M. W., a widow, aged sixty-five, had enjoyed good health, with the exception of an old ventral hernia, up to June, 1865, when she began to complain of dyspnoea on exertion. This continued, without any additional symptoms, until the night of the 10th July, when, after being some time in bed, she was seized with oppression of breathing, tightness across the chest, and pain in the præcordial region. In the morning this suffering left her. On the 11th no marked symptoms of any kind were discoverable. Pulse 90, soft and regular; heart's sounds normal. After going to bed on 11th, the symptoms of previous night returned more severely than before but they disappeared in the morning. On the night of the 12th a still more severe attack came on, and she suffered greatly till five a.m., when, after a very severe paroxysm of pain, she exclaimed that something had given way at her heart and was rushing upwards to her head, then, after one or two gasping respirations, she expired. We will give the *post-mortem* appearances at the seat of disease, the general appearances of the body being normal. The anterior mediastinum was occupied by a considerable quantity of loose adipose tissue. Pericardium distended with fluid on which air bubbles were floating. On opening the sac, about a pint of dark-coloured fluid escaped, leaving exposed a smooth and apparently recent clot of dark colour and homogeneous consistence. It was about three-quarters of an inch thick and covered nearly the entire surface of the heart. The heart itself was rather small, light-coloured and friable. On the anterior surface of the left ventricle, close to the septum and nearly midway between the apex and the base, were observed two openings about two lines distant from each other. One was large enough to admit a crow-quill, the other could only give passage to a probe. The larger opening passed obliquely through the visceral layer of the pericardium and the wall of the heart into the cavity of the left ventricle, while the smaller opening joined the other immediately beneath the pericardium, which was separated from the heart for a distance of several lines around the openings. The parietes of the heart were thinned throughout, the valves were healthy. Muscular fibres of the heart fattily degenerated. The points of interest are:—1. Absence of symptoms until about a fortnight before death. 2. Slight nature of symptoms until three days before death, and their occurrence only during the night. 3. Suddenness of her death. The points in the *post-mortem* examination are:—1. Position of rupture on anterior surface of left ventricle. 2. The condition of the heart being that of fatty degeneration.

Dr. Thomson has an interesting survey of the prison dietaries in Scotland in the same number of this very excellent medical magazine. The value of the national dietary of oatmeal and milk is especially referred to, and will form the subject of a future paper by this author. Dr. J. B. Thomson is resident surgeon to the general prison for Scotland.

The *Medical Press and Circular* has, as usual, some very good articles during the month, the most important of which are on the preventive measures against cholera, and on the franchise for medicine. The meeting

of the Medical Council meets with due notice. We give an extract from an article entitled "Medical Men and their Patients." The three points specially alluded to are as follows:—1. That patients should send as early as possible in the day when requiring a visit, as delay often causes the poor doctor to travel twice over the same ground. 2. That it is selfish of patients to send at unseasonable hours for doctors for trivial ailments. 3. That either doctors should not go to places of public entertainment when expecting a case, or should leave proper instructions at home to prevent a disturbance either of eloquence or harmony, according to the entertainment. We think all will agree in the following remarks:—"It is considered a noble thing to elevate the lower classes in all that relates to social comfort and domestic happiness, to wipe the sweat from the brow of honest toil, and to provide for the working man not only the time but the means for recreation and amusement. Is it less noble to strive by more prudent arrangement and more thoughtful consideration to save the doctor time and trouble, to procure for him some leisure from the cares and anxieties with which his daily path is so thickly beset? There is no class of working men whose labour is more incessant, whose duties are more responsible, whose holidays are fewer, whose hours of retirement and recreation are so liable to be broken in upon, than that which is composed of medical practitioners. Their very meal hours are not free from interruption, and if an attempt is occasionally made to snatch from professional engagements a brief interval for social or domestic enjoyments, how frequently is the attempt a failure, how seldom is the anticipated pleasure realised!"

In the *British Medical Journal*, Dr. Handfield Jones has written a paper on cholera, in which he takes exception to the revived doctrine of elimination in cholera, and he very justly states, that malarious poison, which much resembles choleraic is not got rid of by any purging. Dr. Handfield Jones approves of checking choleric diarrhœa, and not of aggravating it by, as it is the thing to say, "elimination." Dr. Handfield Jones invites discussion in the pages of the *British Medical Journal*, with reference to the mode of treatment to be adopted, viz.:—whether choleraic diarrhœa should be checked, or whether the evacuations should be encouraged. Dr. George Johnson, who seems bent on, at any rate, occupying a goodly share of professional notice, replies in the very next number of the *Journal*. We have heard of the Irishman, who eager for the fray, asked the by standers to tread on his coat, as a legitimate ground for offence. Dr. George Johnson has not yet gone the Irishman's length with his "elimination" theory, but is next door to it—for no one can argue on cholera without Dr. Johnson, with a jack-in-the-box-like pertinacity, coming to the surface. We may quote here an apt line from Mr. Dryden—"Errors like straws upon the surface flow." Elimination has been disinterred from the past practice of our fathers, and it has been pushed to the surface by the pertinacity of the author of "Notes on Cholera." The extent to which a theory can be pushed is seen from the following quotations from the *British Medical Journal*, being a portion of Dr. G. Johnson's reply to Dr. Handfield Jones:—"The cholera poison, whatever may be its nature and source whether it be 'ponderable' or not, is a reality, and no figment of the imagination. And it is as drastic a purgative as any drug in the list of the Pharmacopœia." He continues in the following strain:—"Henceforth let them bear in mind that so long as the morbid poison remains in the system, there is going on a rapid manufacture of cholera-cathartine which must and will purge itself away." Further on he states—"As the history and symptoms of the cholera are certainly very different from those of ague, I should infer that their specific causes are essentially different." It is evident from this remark, that the practical observations on the extraordinary similarity between cholera and ague by

doctors of Indian experience, go for nothing with the author of "Notes on Cholera." He further says, "death *may* be a result of excessive purging in cholera; but it is a comparatively rare result." What is a rare result? Surely death is too common under any treatment, and who is to decide that the weakening discharges in cholera have not contributed to the deadly result? But we will pursue this subject no further. In the interest of humanity we trust that "mild purgatives, emetics, and copious draughts of warm water" may prove as efficacious as Dr. G. Johnson is sanguine enough to expect. If the purgative treatment is *mild* it is tantamount to leaving Nature alone and *borrowing the credit of the natural healing power for the eliminatives employed*, but if the purgative treatment is carried out actively, it is as irrational as to bleed for a syncope from a fatty heart.

The *Medical Times and Gazette* is very warm on the subject of the proposed testimonial to Mr. Baker Brown, the very eminent surgeon, whose fame has gone forth not only throughout the metropolis, but throughout the world. Its warmth, however, is not directed in favour of such testimonial, but entirely the other way. To quote one of its remarks, which savours more of personal spleen than the criticism usual in the medical press: "The greasiest and most rancid butter seems to sit easily upon his placid stomach." We would recommend the *Medical Times and Gazette* to employ gentlemen on its literary staff. Successful men have many enemies, and when we say that Mr. Baker Brown is eminently successful, and has succeeded in obtaining the confidence of the public, we have said enough to shew the way the wind is blowing. In the same notice this Journal says:—"We are only censors of good taste, and professional propriety." Good breeding is not included in their list. This is very wise.

We copy from this Journal the following case of "Rapid and Extensive Embolism of the Heart in a Phthisical Subject—Speedy Death," by J. E. Gross, Medical Officer, Gibraltar Prison:—J. D., a delicate lad, aged twenty-one, was brought to Hospital at six a.m., March 11; moribund, with small rapid pulse, skin moist; unconscious, face pale, lips livid, breath cold, and breathing rapidly and with the utmost difficulty. A large sinapism was applied over the front of the chest, and brandy and water was freely administered. His pulse improved in volume for a short time, but rapidly fell, and he died in two hours. *History*.—He had been at Gibraltar about sixteen months, and had suffered all the time from chronic phthisis, but had always kept at his work, which on the day before his death was cleaning bricks, close to the prison. The weather had been unusually cold for the past week, with a sharp northerly wind blowing. He had complained to his fellow-prisoners of feeling this cold much, and of his cough being more troublesome at night. On the evening of March 10, his cough was very troublesome and his breathing much hurried, but not sufficiently so to induce him to apply for admission into hospital. Nothing unusual was noticed by his fellow-prisoners during the night, but in the morning, when he did not get up, they spoke to him, and he then requested to be sent to hospital immediately, as he said he was dying. *Autopsy twenty-six hours after death*.—No symptom of decomposition. Rigidity well marked everywhere. Features much more swollen than during life. The jugular veins and the minute ramifications of the veins over the side of neck, upper surface of shoulders and arms down to the finger ends were full of blood. This condition of the upper surface of the body, coupled with the suddenness of the symptoms, led at once to the opinion that embolism of the heart would be found. Thorax:—Lungs universally adherent by old firm adhesions to walls of chest. Much tubercle in masses and various stages scattered throughout both lungs. Right lung:—Three cavities,

lined, each the size of a pigeon's egg and communicating in the upper lobe. Great and recent congestion of lower lobe. Left lung pale, hollowed out, and pressed close to ribs by enlarged pericardium, which contained six ounces of clear serum, but no lymph. Heart very much distended, more particularly the right cavities, the walls of which were very thin, pale, and not exceeding two lines and a half in thickness. On laying open the right ventricle, the whole of the cavity was occupied by a firm white, almost glistening, clot, entangled amongst the chordæ tendinæ. It extended upwards into the right auricle, which it completely filled, and also into both branches of pulmonary artery, wholly blocking it up. There was also a small quantity of blood-stained serum in the ventricle. The left ventricle also contained a smaller, but equally white clot, which extended up into the auricle, just over the mitral valves, being blood-stained on the one side where the current passed over it. *Remarks.*—I think this case of embolism worthy of recording for these several reasons. Its occurrence in a case of phthisis which presented no features out of the common, and in which the subject of it was still engaged at his usual work. Its short duration, rapidity of formation, great extent, and apparently small exciting cause. The thin fatty heart here was probably unequal to the small amount of extra work thrown on it by the engorged lung, and from its inability to empty itself became the primary cause of the subsequent changes.

A new series of the *Glasgow Medical Journal* was commenced last month. It had formerly (for thirteen years) appeared quarterly, but it has now been determined to commence a monthly issue. It is wished by its conductors that it should be "the organ of the Glasgow Medical School, and the better to carry out this, a considerable space will be devoted in every number to a carefully edited hospital record, affording a comprehensive view of the Medical and Surgical practice of the Royal Infirmary, as well as other institutions, for the care of the sick, both in Glasgow and elsewhere." We think this a most laudable undertaking, and as long as the cases are not too prolix (as general practitioners have no time to wade through long and tedious details), it will prove of great service to the Profession. Many celebrated physicians have contributed papers to the *Glasgow Journal*. We consider that it might be of greater interest to the Profession if a little of the *Medical Journal* were combined with the more strictly scientific papers. At present the contents are simply as follows:—Original Medical and Surgical papers, Reviews, Clinical Record, Glasgow Medical Chirurgical Society. Obituary and Pass-List of Army Medical Department. Medical men are cosmopolitan in their tastes, and although no doubt all Glasgow men will be glad to hear how "Alma Mater" is getting on, something beyond this will be required to keep up a circulation among the Profession generally.

A very eloquent writer in the *Social Science Review* has brought most plainly before the reading world in an article on "Smoke and Prevention," first, its noxious effects under the present system, and secondly, how these effects could be actually used for good. The *Lancet* not long since had an article on smoke in towns. Their chief point seemed to be that because smoke is a *disinfectant*, it must therefore be wholesome. Burnett's disinfecting fluid, and chloride of lime are both capital in their proper places, but we could be poisoned by them notwithstanding their disinfecting properties. Therefore, while agreeing with the *Lancet* that coal smoke is a disinfectant, we must differ in considering that in consequence, it is a pleasant medium for existence. Such a theory is a manifest absurdity. When we see our blackened and stunted trees in Manchester, and elsewhere, caused entirely by coal smoke, we feel that we may have enough even of

a disinfectant. Had the *Lancet* shown us how to use the coal smoke beneficially, it would have done good, but to simply write in the strain of "rest and be thankful" with the coal smoke, is absurd. The able writer in the *Social Science Review* also quotes a writer in the *Quarterly Review*, who advocates the system of turning our coal smoke into our *foul sewers*. A disinfectant is in its proper place in this quarter, and would destroy the foul emanations that in spite of all our "trapping up," will escape to cause fevers and cholera among us. All honour to coal smoke in the sewers, but defend us from it in our lungs. If science recommends coal smoke because of its disinfecting properties as a pleasant medium for existence, let us ask for ignorance and our natural instincts. The words of the late Lord Palmerston are very much to the purpose as quoted by the writer in the *Social Science Review*: "It is no argument to urge because the nuisance has been borne so long, that therefore it could be borne a little longer." The above plan, which receives the support of the writer in the *Social Science Review*, is one also proposed by a writer in the *Builder* in November, 1856. We trust the government may be induced to take action on this excellent plan for deodorising our sewers, and for ridding us of our smoky atmosphere which acts as a solid medium for all vile exhalations to lodge in. Our vitiated and murky air poisons our population and takes the natural ruddy colour of our children from them, and makes them wan and feeble.

In the *Pharmaceutical Journal* there are, as usual, many articles and communications of interest. The position and prospects of Pharmaceutical chemists of the country are well discussed in a leading article and from a correspondence which is also given, and which has been carried on between the heads of the Pharmaceutical Society and the chiefs of the United Society of Chemists and Druggists, it is evident that when the next effort is made for the attainment of pharmaceutical legislation, those, equally and alike interested in the result, will not be found acting in opposition to each other. The following most interesting account of Professor Redwood's most ingenious method of preserving meat is taken from the *Pharmaceutical Journal* for last month. Any method which can succeed in bringing meat,—from those countries, where animals are slaughtered often merely for their hide and horns,—to our crowded cities will prove of inestimable value. We heartily wish success to Professor Redwood's simple and apparently efficient plan.

PHARMACEUTICAL SOCIETY, EDINBURGH.—Mr. John Mackay brought before the meeting a new method of preserving beef, mutton, and other animal substances used for food in a perfectly fresh condition, free from salt or any other ingredient likely to interfere with the flavour or condition of the material so preserved. Mr. Mackay stated that the discovery of the process about to be submitted was due to Dr. Redwood, who, in the course of last summer, commenced a series of experiments with paraffin, in, of course, a state of purity. The following peculiarities of this substance were referred to—viz., its solidity, whiteness, tastelessness, and entire freedom from smell. At a heat of about 130° it becomes fluid, and will, in this condition, bear a considerable amount of heat without boiling, and thus enables the experimenter to raise the temperature, if required, several hundred degrees above 212°, the boiling point of water, without in any respect altering its condition. It was found that animal substances when immersed in a bath of paraffin, heated to about 250° Fahr., rapidly lost the air and water which all such substances contain, leaving the juice of the meat in a concentrated state. Mr. Mackay explained how this was done. According to the thickness of the mass of meat the time of its immersion is increased or diminished. By this process the germs of destruction are found to be quite destroyed, very much on the same principle that the various articles of food are prepared in hermetically sealed vessels, or

calf-foot jelly bottled and kept in a perfect state of preservation. When the meat has been allowed to remain a sufficient length of time in the highly-heated paraffin, it is removed, and immediately dipped into a bath containing the same material, at a lower temperature, and, after two or three dippings, the process is complete, and the substances thus preserved are ready either for home or foreign consumption. Already various samples have been prepared, and, after three months' keeping, have been cooked and found perfectly sweet, and free from any taint whatever. So successful has the process been, so far as it has been tried, in connection with experiments commenced last summer, that a company has been formed in London, under the name of "Redwood's Patents Company, Limited," where experiments are still going on with a great variety of different substances—such as bacon, beef, mutton, butter, eggs, sausages, cheese, hams, &c. The Company having secured patent rights on the Continent and in South America, hope that ere long, choice beef and mutton will be sent home to Great Britain in a perfectly fresh state, and be sold at such prices as must of necessity prove a boon to the public generally, but more especially to the poorer portion of the inhabitants in this country. Mr. Mackay submitted to the meeting several specimens of meat prepared by the new process, including a jigot of mutton and several chops. These looked very beautiful, resembling in appearance the purest alabaster, and, though handled a good deal, remained unchanged. Some of the samples shown had been prepared five weeks, and Mr. Mackay stated that one cooked a few days previously was perfectly sweet and fresh. The following are the directions by which the preserved meat may be cooked:—Remove the greater part of the paraffin by breaking it with a hammer or other suitable instrument, and peeling it off; then put the meat into a vessel of boiling water, when the remainder of the paraffin will melt and rise to the surface, leaving the meat entirely free from it. When it has cooled, the hardened paraffin may be taken from the surface of the water, and the meat dried with a cloth. It is now ready to be prepared for food by any of the methods, but it should be cooked for only half the time required for unpreserved fresh meat. The paraffin that has been removed from the meat may be kept for subsequent use, being quite unchanged or injured in any way." In closing his remarks Mr. M. mentioned that further experiments were being vigorously carried forward at the works of the company, near London, which, if successful, would be the means of bringing the process into very general use. Thanks were voted to Mr. Mackay for his interesting paper.

We extract the following paragraph from the *Lancet* of 26th of May. Dr. Edmunds mentioned in his address a fact which is well-known to our professional brethren all over the world—viz., that the hands of a medical man who has just been performing a *post-mortem* examination are not productive of good when employed shortly after in assisting at the birth of a child. Puerperal fever in the woman might occur, though, providentially, it may not be the invariable rule. The paragraph speaks for itself:—

DR. EDMUNDS AND THE STATISTICS OF DEATH AFTER CHILDBIRTH.—The case of Edmunds *versus* Wakley, in which Dr. Edmunds charges a libel against *The Lancet* in respect to comments made upon his address at the opening of the last session of the Female Medical College, and his subsequent letter to *The Times*, having gone over as a *remanet* from the last Nisi Prius sittings, and being likely to be postponed to the next term in July, we have thought it right to state at once the result of further investigations which we have made into the questions at issue. We have already expressed our regret that the writer of the comments referred to should have cast imputations upon Dr. Edmunds's good faith and fair intentions in using the arguments and drawing the conclusions which he did. We may now say that we have ascertained that, not only do these arguments and

conclusions appear to have been put forward in good faith, but that the facts and figures quoted were correctly stated, fairly compared, and drawn from the most authentic sources. We still differ from Dr. Edmunds as to the inference that the danger of producing puerperal fever, on which he justly insists, would be diminished by the systematic employment of midwives in place of medical practitioners. But this is a matter on which Dr. Edmunds may fairly differ from us, and we have no doubt that he acted throughout with good intentions. Dr. Edmunds is impressed with the belief that there was some actual malice towards himself in the *origin* of these imputations, and that an ill-feeling exists towards him personally on the part of *The Lancet*. This we expressly disclaim. Dr. Edmunds was one of the most distinguished prizemen at his College. He was for two years a painstaking dresser at the largest of our surgical hospitals. He has since in private practice laboured hard and successfully, and has especially had the rare satisfaction of saving the lives of both mother and child by the Cæsarean operation. We are glad of the opportunity of again referring to this case, a full account of which was published in *The Lancet* of Jan. 5th, 1861. And anything which may have from time to time appeared in our columns should be understood as applying to the merits of the public question then and there discussed, and not as intended to impugn the personal honour or professional character of Dr. Edmunds. In certain previous controversies, we are inclined also to think that Dr. Edmunds's opponents have not always been sufficiently careful and accurate in their statements of alleged matters of fact; while Dr. Edmunds seems not to have laid himself open to the same remark. We have a few words to add as to the Female Medical College recently commenced in Fitzroy square. We learn with satisfaction that the scope of this institution is not so wide as we had been led by its title to believe, as we have no sympathy for the notion of making lady physicians. Its present lectures are designed to supplement the practical tuition given to midwives at our lying-in hospitals, and to furnish ladies generally with an opportunity of acquiring the Principles of Hygiene and Preventive Medicine, Dietetics, and the management of the sick room and of the ailments peculiar to women and children. Dr. Edmunds would not, we are informed, take part with his committee in forwarding any arrangements by which lady midwives would be induced to associate themselves with the duties of general practice. The supply of well-educated midwives is undoubtedly less than the demand, and the more actively and successfully that object is pursued, the greater will be the benefit to society. Could the title be altered so as more strictly to indicate the objects of the College, we should entirely applaud the enterprise."

The General Medical Council and its doings occupy rather more of the columns in the *Lancet* than we care about reading. Perhaps the various speakers like to see their little orations in black and white each week, but for the readers of the *Lancet* it is very dull work, as they take up room which might be well occupied by matter of more general professional interest. We would suggest to the conductors of the *Lancet* that if reports of the Medical Council must needs be fully given that a supplement might be introduced. Subscribers to a journal ought to receive as much consideration as the advertisers, which latter class has certainly no reason to complain in the columns of the would be leader of Medical opinion.

In the *New York Medical Journal* there is one article of special interest, viz—the "Pathology of Reflex Paralysis and its Relations to the Sympathetic System." Although it is a very long article, it has to be continued in the next number of the *New York Medical Journal* which is not yet to hand in this country. We will lay an epitome of this paper before our

readers in a future issue, as M. Gonzaley Echeverria, M.D., of the Charity Hospital at New York is a physician well known as an able writer and painstaking worker in the field of medicine.

The action that was lately brought by a patient against Dr. Armstrong and Son, of Gravesend, has occupied a considerable share of public and professional attention. Dr. Armstrong and his son are well known as scientific medical men and we are glad to congratulate them on the plaintiff being non-suited. *Punch* as usual takes the side of our hardworking and ill-used body, and ably sums up the whole case. We have pleasure in extracting the following from his witty pages:—

“THE COSTS OF A BAD ACTION.—Attorneys whose practice lies in an inferior branch of the legal profession will have read with keen interest the report of *Rudman v. Armstrong and Another*, an action for malpractice against two surgeons, father and son, tried the other day in the Court of Exchequer. The defendants averred that they ‘treated the plaintiff,’ a girl of nineteen, named Emily Rudman, the daughter of one Thomas Rudman, described as a boot and shoemaker in a humble way—‘to the best of their knowledge, skill, and judgment as medical men.’ Furthermore ‘they stated that they heard no complaints from the girl or her parents as to the mode in which they had been treating her until they received a lawyer’s letter, and,’ adds the reporter, ‘there was a suggestion that the action was only a solicitor’s one to recover costs.’ The complaint which she had been under their care for was a bad knee. That whereupon she sued them for damages will be understood, and its merits will be apprehended, from perusal of the following evidence for the defence, by a credible witness:—‘Mr. Solly, of St. Thomas’s Hospital, who had examined the plaintiff, deposed that he did not discover the slightest possible trace of salivation by mercury upon her. He also expressed a positive opinion that her knee was free from disease, and that she had the perfect use of it. He thought she could walk from the court into the hall, but with the qualification—that, owing to her weak state from long confinement, she might perhaps require a little assistance. With regard to the use of mercury in cases of disease of the joints, he said it was often employed with effect when iodine had failed. Sometimes the appearance of salivation presented themselves without the use of mercury, particularly when iodine had been taken. He was quite certain the plaintiff could walk into the hall, or else his experience of forty years went for nothing.’ Here was an end of the case. Although the plaintiff’s father was a small shoemaker, whilst the defendants were two medical gentlemen, the British jury that heard the foregoing testimony immediately declared their agreement that their verdict should be for the defendants. Mr. Pearce, counsel for plaintiff, very honourably declined to say anything more on her behalf; and Mr. Baron Channell ‘expressed his entire concurrence with the jury in their verdict.’ So she took nothing by her action. On the contrary, she stood liable for costs; her own and the defendants’ too. Who will subscribe the wherewithal to enable poor Emily Rudman, the daughter of ‘a boot and shoemaker in a humble way,’ to pay the heavy bill of costs wherein she is indebted to the Messrs. Armstrong, having obliged them to incur it in order to defend themselves from the action that she was injudiciously advised to bring against them? But that will not quite suffice to free this young woman from her liabilities. She has also to pay her own costs, for which, in all probability, the respectable solicitor who undertook to prepare her brief is whistling. This is the consideration which will render *Rudman v. Armstrong* so peculiarly interesting to his professional compeers. Too many of them will perhaps grin and chuckle over the misadventure of their brother, not reflecting that it may be their own case to-morrow. If Emily Rudman cannot defray the

expenses to which she has put Dr. Armstrong and his son, those gentlemen themselves will have to bear them. She will have inflicted a heavy loss upon them, although for herself she has failed in the attempt to obtain any of their money. Do the interests of the legal profession require that no effectual provision should be made to protect honest people from having lawsuits instituted against them by other people who are insolvent? If not, what security can be taken for costs? The personal security of penniless plaintiffs would amount to little, even if the body of an unsuccessful suitor could be seized by the defendant whom that suitor had failed in trying to fleece. Small value in work could be got out of such a body during life, and, after that, it could be turned only to the small account of a few pounds by an arrangement that might be made with the conductors of a school of anatomy. There is, however, a precaution which, if it did not altogether preclude the possibility of groundless and speculative actions, would yet render their occurrence tolerably rare. This result, at least, would be insured if the costs of every lawsuit, in which the plaintiff proved to have no case, were made chargeable on that plaintiff's attorney."

THE MONTH.

OCCASIONAL NOTES.

———— Mens sine pondere ludit.—PETR.

SINCE the beginning of the Month, affairs on the Continent have gradually been coming to a crisis, and, notwithstanding the proposed Congress, are now in as precarious a state as they well can be. The prevailing opinion is, that war is inevitable. Some lovers of peace, however, still cling to the hope that the present agitations are but the rumours of war, which will never arrive at a climax, and that the dove and the olive leaf will still rule the day. The majority of the nations seem bent on war. Prussia, elated with her recent successful march through the Duchies, in the late mimic war with Denmark, is bent on achievements which will put the deeds of Alexander in the background, and give us a vivid picture of the wars of the Trojans. Italy with less bravado, but more patriotism, is equally "eager for the fray," and the first Italian soldier who rushes into the embrace of the "Queen of the Adriatic" will assuredly receive other tokens of the regard of his King and countrymen than the annuity which the citizens of Venice have promised to the Italian soldier who first sets foot in their city. With two powerful nations, ready to rush to the fight, like greyhounds from the leash, it will not be difficult for France to shape the situation so as to further her own ambitious ends. The most sanguine wishers for peace are now beginning to look gloomy and downcast. The God of War seems on the point

of mounting his throne, and the cloud which has for some time been darkening the political horizon, grows daily darker and larger, and assumes more ominous proportions. It is a relief to turn from the gloomy state of affairs abroad, to find that at home, the wordy war in our parliament, has been the only disturber of the public peace.

Had the Reform Bill been merely productive of the eloquent speeches of Mr. Gladstone, Bright and Mr. Lowe, and the sound logical arguments of Mr. Stuart Mill, it would have formed an epoch in the history of the English Parliament, but it has taken even a higher place in the history of the nation, and is a not unworthy link in the long chain of liberty which stretches from the memorable Magna Charta to the present day.

Though won only by a slender majority of five, the Bill was a glorious victory on the side of advancing freedom, nor could even a defeat have been ignominious when the oratorical army was led by such a general as Mr. Gladstone. The discussions on the new Bankruptcy Bill, the Abolition of Compulsory Church-rates, and the other Bills brought before the House, and even the Budget itself, generally so eagerly looked for, caused comparatively little excitement, partly from the fact that they came immediately after the great party struggle on the lowering of the Franchise, and partly that they were put in the shade by the fearful excitement of the commercial panic, which like a sudden epidemic, spread like wild fire through the Metropolis and the provinces, erasing from the minds of the people even the till then universal interest attending the Bill for the Re-distribution of Seats. The commercial panic, which may be said to have commenced with the failure of the great Banking House of Overend, Gurney, and Co.—a failure unparalleled in city annals—has caused universal excitement and agitation throughout mercantile circles. The scene in Lombard Street, on the day, and the succeeding day of the failure of the above House, was painfully interesting. The crowd was dense, and excited and “whilst flocked the citizens with terror dumb” round the principal Banking houses, some who had, perhaps lost their all—were even moved to tears. Affairs have, however, now assumed a more favourable aspect, and it is confidently expected that the mercantile world will rapidly glide into its usual even channel.

It is an actual fact. The President of the Medical Council thought it necessary to mention it, with honest but triumphant pride. Dr. Burrows, the learned president aforesaid, has received at odd times letters marked *private and confidential*, from the Home Secretary. State secrets are not entrusted to every body, and it is a proud position for our hard working and somewhat slighted body to find that we are greatly

honoured after all. When, however, we find that these private and confidential documents are simply a few trumpery alterations in our Medical Act, which latter Act does nobody any particular good—except, perhaps, the Medical Council, which exists by its provisions—our enthusiasm is not quite so warm. The private letter contained no whispered secret regarding our future policy on the Continent, and it did not even contain what was more likely to interest us. It contained no word of the Representation of the Medical Profession in Parliament. The Scotch Universities and the London Universities are to be represented at last, and any of our cloth who hold their degrees are now no longer political nonentities, but are equal with their Oxford and Cambridge brethren. Lodgers even are not forgotten, but the College of Surgeons, and the Apothecaries' Company, more powerful bodies than the University of London, (which latter probably owes its new dignity to its coming under the fancy franchise of "lodger" through its rooms at Burlington House) are forgotten. In the secret confidences of our august President with the Home Secretary, could he not have timidly whispered a word for the working men of our profession, when so much was being done for the other labourers of the kingdom?

Merit does not always win the battle, and even if success crowns its efforts, success has often in it a bitter alloy in the seasoning that envy and uncharitableness can sow for even a successful man. A medical journal has recently considered it necessary to make somewhat pungent remarks on the yearly report of the London Surgical Home, and on the proposed testimonial to its founder. The London Surgical Home is a well-known Institution that is much valued by the public, and it numbers among its supporters some of the best and most influential people in the kingdom. The Royal Family even does not consider this Institution beneath its notice, and altogether the Institution is regarded by unprejudiced persons as an entire success. This success is due in a great measure to the excellent surgical treatment which the clever man and operator, Mr. Baker Brown, is able to give to the afflicted women who resort to it for treatment. It is not the province of any public journal to advocate the claims or seek for subscribers to a testimonial. But it is the proud privilege of a journal to uphold the right, and to require fair play. It is, therefore, not the province of any journal to throw cold water on any testimonial that the friends of a clever and rising man are anxious to raise. If, therefore, the *Medical Times and Gazette* cannot with propriety act in concert with the friends of Mr. Baker Brown, in raising a testimonial to

him, let it act with common justice, and without its useless attempts to influence the medical public against the proposition. Every body can judge for themselves in an affair of this kind. It is pleasant in adversity for friends to rally round one, but it is more pleasant in success, for a successful man hides the lesser, and perchance struggling lights around him, and envy, hatred and malice are not wanting in these latter days of medicine.

Mr. Baker Brown was once upon a time a general practitioner. He is now an operating surgeon, celebrated in the diseases peculiar to women. If the specialists of London find their stronghold carried triumphantly by a man possessing real talent, it is naturally galling, but we hope the general practitioners throughout the country will shew sympathy with one who is an honour to their cloth.

Our forefathers in medicine have saddled the medical and surgical literature of England with a lot of ridiculous compound words derived from the dead languages. It cannot be helped, so Professors should teach their sucklings the meaning of the compound words that act as stumbling blocks for the student and render him absurd when called upon for an explanation of the terms. But the Medical Council does not play at legislating for professors. It is more easy to make laws for others than to do anything oneself, therefore, medical students of 1869 are to be *compelled* to have a knowledge of Greek. In the year 1869—70, the Medical Council should add creation to their labours. Medical students are beginning to be scarce already, for after all their education, it is difficult for doctors to pay their baker and their butcher. A sordid public is not satisfied with Latin. The modern languages are not marketable, and even Greek is at a discount. The Medical Council must begin to manufacture students, like their pills, for assuredly no ordinary means will bring forward men to work laboriously at an unprofitable calling, guided by the caprice of superfine physicians.

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SUMMARY OF NEWS.

THE month of May is a stirring one in London, and there have been numerous meetings, dinners, and committees in addition to the Exeter Hall May meetings. Various hospitals have had their annual meeting of subscribers to read the accounts and urge on their supporters renewed exertions. Of London Hospitals there are a legion, and it requires considerable exertion on the part of the Committees, Secretaries and others to whip up enough guineas to keep the pot boiling. As the Medical and Committee-

men work gratuitously, we advise our Boards of Management to seek for Secretaries and Canvassers who do not expect to make their 20 per cent. on the total earnings of a charity. The religious unction that some of our *paid* secretaries indulge in, is amusing. Greasing their own wheels with the "mammon of unrighteousness" they stimulate the zeal of the unpaid Medical staff who do the work, by good words and sanctified looks. If Secretaries are to be paid, we see no reason why our doctors who attend for so many hours a week, should not receive something also, say, a fee per visit. At present these matters are managed on a wrong basis and nobody suffers but the poor doctor. But we see no reason why a doctor's time and skill should not be paid for equally with the skilful "appeal making" Secretary or the milkman of the Institution. Any man with a little shrewdness may make a decent livelihood by getting up a Hospital, for he can make himself the paid secretary, then get together a team of good natured, painstaking doctors who work for fame and not for money. Then a benevolent individual or two to form a Board and the thing is done. Letters, almost *ad libitum* for a guinea, are given to subscribers, who receive the pleasant title of Governor or Director or some such high sounding name. The doctors are then the unpaid servants of the charitable guinea giver. The patients are grateful to the guinea-giving donor of the letter or order for the doctor, but they have nothing to say to the doctor by way of thanks or compensation. We hope that doctors some fine day will awake to the folly of a system which keeps threadbare coats on the backs of so many of us. God forbid that we should stop the milk of human kindness or dam up the stream of charity in the bosoms of our medical brethren, but if they are to do a kindness or a charity let them do it first hand, and not at the printed recommendation of a pseudo "Governor," who pays at the rate of a shilling a head for the priceless skill and humanity of an unpaid medical staff. In the reports of most charities it is amusing to see the assurance with which the chronic deficiency of assets is brought forward as a reason for further munificent donations. No check seems to be placed on expenditure. If an ordinary man has Whitecross street in view he diminishes his expenditure, but a hospital in debt or in low water, talks of building or opens a new wing. One of the most amusing things we have seen in the way of "Spiritual dodges," was a recent advertisement soon after the city panic requesting a *Thank offering* from any who had safely weathered the crisis, in the shape of a five-pound note for some charitable undertaking or another. Parsons are better hands at begging than doctors. Doctors are never entrusted with any money to spend among the poor creatures they see at Hospitals, and many a poor doctor gives money and meat out of his own limited household. Parsons don't give very freely but *transpose* the text, "It is better to give than to receive," in their own favour. And if they do give, they give other people's money which has been entrusted to them for distribution to *proper subjects* by charitable but feeble minded people. Proper subjects for the charity of a parson are often arrant *humbugs*. Medical men are much more able to discriminate between the lazy idlers and the feeble squalor of the diseased.

A Correspondent at Yeovil has forwarded us a local paper by which it appears that a medical tariff has been struck by some medical men at Bridgewater. It is a fair table of charges, but as medical men are usually silly enough to work for nothing, the guardians of the poor of Bridgewater have held an indignation meeting at which the terms were called "abominable!" and "outrageous!" and a great deal of eloquence of a certain sort was given vent to. Medical men have their remedy in their own hands, and a united co-operation would soon bring the public to its senses.

A case of hydrophobia successfully treated by salivation is reported in the *Wolverhampton Chronicle*, as follows:—"SUCCESSFUL TREATMENT OF

HYDROPHOBIA.—We regret to have to record a case of hydrophobia in this neighbourhood. In our last we mentioned that a dog, which showed signs of rabies, had escaped from Mr. Higgs', of Trescott, communicating the disorder to other dogs, and doing other mischief. We learn that about a month ago a servant girl in Mr. Higgs' service was tying up the dog in question when the animal bit her on the right thumb. She experienced no serious results until Tuesday week, when her thumb, arm, and chest became considerably swollen, accompanied with great heat, pain, redness, stiffness, and numbness, the arm being so stiff that she was almost unable to move it. Mr. Higgs sent for Mr. Pope, surgeon, of this town, who saw the girl on Thursday, and found her evidently suffering from hydrophobia, the result of the bite of the dog. On Friday night she became very ill, biting and tearing at almost everything near her, and suffering much from convulsions. She repeatedly declared that she heard the dog growling at her; indeed, she displayed all the symptoms of this dreaded disease. As surgical writers on the subject do not lay down any specific mode of treatment in cases of this kind, Mr. Pope determined to cause profuse salivation in the patient, with the view of neutralising the poisonous character of the saliva of hydrophobia. This is a course of procedure not often pursued, but its beneficial effects were soon apparent. On Sunday the convulsions and the spasms, from which the poor girl also suffered, had ceased, and there now appears to be every prospect of her ultimate recovery."

The British Anti-Tobacco Society has a Doctor for a President. Dr. Moor was in the chair at a meeting at Exeter Hall during May, by which it appears that it has advocated its principles to the tune of £270. Medical students in our day were fonder of their tobacco than their anatomy, but the sucking John Hunters of the present day don't smoke, so this society will meet with favour from the future generation of medical men.

A considerable agitation has been going on about the condition of our London Sick Poor, and a meeting of the Association was recently held. We quote from the *Times*:—"WORKHOUSE INFIRMARIES.—At a meeting of the Committee of the Association for the Improvement of London Workhouse Infirmarys, the Earl of Carnarvon presiding, and at which there were present, Mr. L. Oliphant, M.P., General Ashburnham, the Rev. F. D. Maurice, Mr. Ernest Hart, Dr. Anstie, Mr. W. H. Ashurst, Dr. Ogle, and other gentlemen, an important matter was brought forward. This was an account written by a person who had been the head nurse in several workhouses, of the treatment of the sick poor in those places. The person is no longer a workhouse nurse, and the well authenticated testimonials accompanying the account, showing that she left the services of the workhouses of her own free will, proved beyond doubt that her statement could be received in good faith, in addition to which there is the fact that at one of the workhouses described, there was lately held a private inquiry before the guardians on a question of so-called 'workhouse discipline,' which resulted in a recommendation by the guardians themselves that the master should be dismissed. The late nurse describes horrors which cannot be printed, as things against which she protested without avail on entering the service of certain named workhouses. Among the least offensive of these statements it is said that the sick who need poultices are allowed one a day, and if they require more they have to use the bread given them for their food; that they pay with their rations the pauper nurses, who sell the food and get drunk with the proceeds; that there is little, if any, medical supervision of the wards; that the iniquities of the wards are winked at by the officials; and that many deaths on which there should be inquest are registered as natural. Rotherhithe workhouse is described in terms too disgusting to recount; that it may be said the horrors related fully equal those found to be true in St. Giles's last year. It was resolved

by the committee that the statement should be laid before the Poor-law Board and inquiry asked for."

The proverb says, "Give a dog a bad name and hang him." It does not, however, seem at all certain that our workhouse enthusiasts can hang their dog after all, although they have spoiled his good name. We quote again from the *Times*:—"THE LONDON SICK POOR.—The guardians of St. George's, Hanover square, are calling a conference of all the London guardians at St. James's Hall, 'with a view to procure the fullest information necessary to determine the proper action to be taken in relation to the resolutions submitted to the Right Hon. C. P. Villiers, the President of the Poor-law Board, by Lord Carnarvon and others, members of an Association for the Improvement of Workhouse Infirmaries.' The resolution to be submitted to this meeting is as follows:—'That the removal of paupers from the control of parochial management, and placing them under a central or Imperial authority, would be subversive of the principles of local self-government, and that the collecting together of the sick paupers in large hospitals containing 1,000 beds each would not be conducive either to the cure or the well-being of the inmates.' At the meeting of the St. Pancras guardians yesterday the invitation to the meeting and the proposed resolution were read, and the guardians of that parish approved both the meeting and the resolution. Mr. Silas Taylor, Mr. Lawford, Mr. Eckett, and Mr. Watson spoke vehemently against centralisation, and strongly urged the rights of local self-government. It was acknowledged that the workhouses were not faultless, but St. Pancras workhouse infirmary was upheld, on the authority of Mr. Farnall, as superior to any other in London, and the guardians expressed their determination to make a stand, with the St. George's guardians, for the right of keeping the sick poor under their governance. The late 'laying-out' case cropped up again, through a letter of Mr. Hillocks, who was the means of bringing the case to light. The guardians have restricted his visits to the workhouse, and the letter was doubtless an appeal to the guardians against this restriction. They refused, however, to read the letter, and it was ordered to 'lie upon the table.' "

WORKHOUSE MEDICAL OFFICERS.—The Poor-law Board has recently addressed to the medical officers of the London Workhouses a series of questions concerning the present accommodation, nursing, and treatment of the sick poor in workhouse infirmaries, and having asked for suggestions on the subject, the medical officers met on Wednesday in conference at the Freemason's Tavern, and agreed upon certain principles which should guide their answers. The experience of several was given as to pauper nurses. One medical officer stated that he had lately found that of thirteen pauper nurses only one could read, and how they had distributed the medicines or of what use their labels and directions had been it was difficult to say. Another said that his nurses were good, except that they were universally drunken in their habits. Another, that his nurses were over sixty, and he had found one this week to be imbecile. All agreed that it was not safe to trust pauper nurses with stimulants for the patients. A resolution was passed unanimously that pauper nurses were insufficiently trained and untrustworthy, and should be substituted by paid nurses. On the subject of space it was resolved that not less than 1,000 cubic feet of air and 80 feet of area per bed could be asked for to sick paupers, that being the allowance of sick convicts, and less than the allowance of sick soldiers. In military hospitals 1,200 feet is the *minimum*, and the London hospitals give from 1,500 to 2,000 feet. The present average in infirmaries of workhouses is about 500 feet, often less, and 30 to 40 feet of area per bed. As to light, they asked for one window to two beds, which is the military allowance. One medical officer said that he had only one to 4½

beds, and others had less light than that. Instances were quoted by medical officers present to illustrate the importance of having resident medical officers, and of relieving the medical officer from the charge of providing the drugs which he prescribes. In order to carry out these requirements, and to give day rooms to the infirm it was stated that every workhouse in London would require to be considerably enlarged, and that a majority would need to be reconstructed in a manner to fit them for receiving sick persons.

Those of our brothers who are examiners for Government Life Insurance will be glad to see the following, which is an abstract from the first report on the working of the Act :—

GOVERNMENT INSURANCES AND ANNUITIES.—The system of granting through the medium of the post-offices Government policies of life insurance for not more than £100, and Government life annuities not exceeding £50 a year, appears likely to be very successful. It came into operation at a small number of post-offices on the 6th of April, 1865, has since been generally extended throughout England, and is about to be applied also in Scotland and Ireland. In England in the first twelvemonth 809 proposals have been accepted for the insurance of lives to the extent in all of £60,874, the annual premiums payable amounting to £1,924, exclusive of eighteen cases in which the premiums were received in a single payment. 501 of the insurers decided to pay their premiums annually, very few half yearly, 81 quarterly, 181 monthly, and three fortnightly. No death occurred in the first year. 61 proposals were declined. In the other branch of business 150 immediate life annuities were granted in the first year, the annual sums granted amounting to £3,430 (averaging nearly £23 each), and the purchase-money being £39,774. 80 deferred annuities were also granted, the annual sums to be paid to the parties amounting to £1,600; most of these annuities were purchased by payments which are to be annual. The nature and advantages of the scheme are becoming more extensively known, and a continually increasing proportion of the proposals comes from the poorer classes of the community, for whose benefit the measure was intended.

WE give our readers a summary of the doings of the great General Medical Council. The General Medical Council of Education and Registration is now in session at the College of Physicians, Pall-mall, under the presidency of Dr. G. Burrows. The Council includes a delegate from every medical licensing body in England, Ireland, and Wales, together with six Government nominees. The principal subjects of discussion during the present session are the amendment of the Medical Act, the improvement of the preliminary education of medical students, and the consideration of reports made by visitors, appointed last year under the Act, upon the range and efficiency of the examinations conducted by the various licensing bodies. The Medical Act has proved ineffectual to accomplish its object,—that of enabling the public to distinguish legally qualified practitioners from impostors who assume medical titles without possessing them. The Home Secretary has approved the draught of an amended Bill, but recommends that it be entrusted to a private member of the House of Lords with a view to its progress, as the Government find a difficulty in advancing the Bills which they have undertaken in the House of Commons, owing to the pressure of public business and the protracted political debates. The returns laid before the Council show that there exist very wide difference in the manner of carrying out examinations for degrees by the various licensing bodies, and from returns forwarded by the Medical Director of the Navy, it appears that of twenty-one persons examined for the medical department, and possessing diplomas, only twelve could be accepted, some of those rejected not having a sufficient knowledge of Latin to be able to translate the Pharmacopœia from which they have to pre-

scribe; others having a very imperfect knowledge of anatomy and surgery; while one candidate, who held the diploma of the Royal College of Surgeons of England, was rejected for an insufficient knowledge of chemistry, materia medica, midwifery, and botany, and on being examined a few months afterwards was found to have only a fair knowledge of surgery. The reports of the visitors to these examinations from the Council have been ordered to be printed. The Council has been occupied during its last sittings with the first of the subjects to which we referred as constituting the programme of the present annual session—the preliminary education of medical students. The decision at which they have arrived is important to those schoolmasters throughout the kingdom who are occupied in training lads destined at a later period to enter the medical profession. They have laid down a *minimum* standard of subjects for examination in which youths must pass before being admitted to commence their professional studies. They are as follows:—Compulsory—1. English language, including grammar and composition; arithmetic, including vulgar and decimal fractions; algebra, including simple equations; geometry, first two books of Euclid; Latin, including translation and grammar; and one of the following optional subjects,—Greek, French, German, natural philosophy. After the year 1869 Greek will be transferred to the list of compulsory subjects. Certificates of proficiency on these subjects will be received from all the authorised examining bodies in the United Kingdom. Very long debates have taken place upon this scheme, which has hitherto been enforced by some medical corporations, and not by others. It was objected that the remuneration of medical men in many country districts was not such as to tempt scholarly and educated men to undertake the duties, but the opinion prevailed that the preliminary training of medical men should in every case be brought at least up to the moderate standard above indicated. The Council then passed to the consideration of the amendments necessary to carry out the object of the Medical Act of 1858, enabling the public to distinguish educated and qualified practitioners from those who assume titles without having legally acquired them, and is still occupied with this subject.

The cholera has happily disappeared from Liverpool. The emigrants ex *Helvetiâ* who were located at the Liverpool workhouse and at the depôts at Birkenhead have re-embarked, and will sail for New York. The priest and the doctor who ministered to the cholera stricken both died some weeks since.

The *Morning Post* took up the question of hydrophobia very warmly during the month, and insisted on a strict dog-law by which all collarless dogs should be destroyed. By a clause in the Cattle Diseases Prevention Act this point is now carried out.

The *Times* has had several articles on cholera and quarantine, and it has forcibly pointed out the necessity for floating hospitals at the ports for the comfortable housing of the sick. Government lets its ships rot and will do so until the end of time. The charming stolidity of government is only changed for frenzied eagerness on division nights and then it is spasmodic only, for, with a safe majority, indifference again prevails.

The *New York Times* is not satisfied with the mode quarantine was performed at their port, as the following extract shows:—"QUARANTINE AT NEW YORK.—We have already called attention, with some warmth, to the manner in which the sick were removed from the *Virginia* to the hospital ship *Falcon*. The formal report on this matter rendered yesterday by Dr. Dalton to the Board of Health will, if we are not mistaken, cause public indignation to turn fiercely against whoever is to blame for this stupid and cruel proceeding. Nothing in heartlessness, laziness, indifference, and want of contrivance in the history of Turkish and Oriental quarantines ever surpassed this. Here, as Dr. Stone remarks, comes into port 'a poor

devil of a captain, with a pest-house under his command, and he dare not move here or there lest he should violate some law, and nobody is there to tell him what course to pursue. So, a thousand human beings are imprisoned many hours longer than they need be, in the midst of death in its most fearful forms. For thirty-six hours this floating pest-house lay without succour or message from the shore; the steerage crowded with the sick and the dying, and the dead towed in boats at the stern. These hundreds of poor men and women, thus forced to cling to what they considered a charnel-house, without proper medical aid, are constantly on the verge of riot and mutiny, in order to force their way out from the poisonous ship. The first supplies that came from the shore, we are assured by a passenger, were three barrels of sawdust! When at length the sick are to be removed, there is no steam-tug or proper means of transference. The poor dying emigrants are tied into a rude seat made of a hogshead and lowered from the yardarm, under the hot sun, with much difficulty, into one rowboat, and then again hoisted into the *Falcon*. Three persons on an average are thus transferred in three-quarters of an hour. One poor woman died during the process, and no doubt the majority of the others died soon afterward. It forcibly occurs to the quarantine officials that this is a very slow and cruel process, and on the urgent representation of the sanitary superintendent of the city, they condescended to request the captain to assist them with the ship's boats. We cannot wonder that after this performance the cholera raged fearfully in the hospital ship. . . . There ought to be some place where, after the weary voyage, the quarantine patient can step on shore, and where the poor steerage passengers can escape the effluvia and poison generated in those close holds after a long crowding of human beings together."

Victoria Park was threatened by the proximity of gas works, but this "lung" of London, has been saved by the energetic measures adopted to prevent this nuisance.

The Cattle Plague Report came out during last month. We endorse the following final remarks of the *Times* reviewer on the report, &c. :—"The whole cattle trade has hitherto been left to mere chance, and the result was seen in the melancholy state of helplessness to which we were reduced last autumn. These statistics and the report of the commissioners are the first steps towards a satisfactory estimate of our interests, our dangers, and our resources, and we trust they will prove to be the starting point of a series of complete and satisfactory measures of legislation."

The old King's College students' dinner is announced to take place about the middle of June. Dr. George Budd will be in the chair. This fact would of itself be sufficient to ensure a large gathering, but when we inform our readers that this opportunity will be taken to present Sir William Fergusson with the testimonial which the King's men have subscribed for, it is needless to say that St. James's Hall will have a goodly company of eminent surgeons and physicians within its walls.

ROUNABOUT PAPERS.

No. I.—“ONLY A GENERAL PRACTITIONER.”

“OH, he is only a general practitioner.” This is a remark which is not infrequently made, and it would appear to mean a great deal, for it generally brings a sentence or a variety of remarks to a satisfactory conclusion. The professional brother, who listens to the above description, is expected to make some rejoinder, and the most usual remark is—“Dear me, is that all, poor d——l!” While the uninitiated in medical mysteries usually answers, “Well he may be *only* what you like, but all I know is that he is an uncommonly good fellow, and he does the best business I know of about my part of the country.” The man of distinction in the Profession usually rejoins, “Ah, that may be, but he would give his ears for a good London special practice.” It is clear then, whatever may be the talents of the provincial person alluded to, that whatever he may be, he is “only a general practitioner,” and only a general practitioner he will remain, at any rate in the opinion of the London special oracle. Now, not being prejudiced in any way ourselves, we would venture to challenge this pariah-like “only.” “Oh, he is *only* a Doctor,” used to be commonly said of our doctors in the Service by their military confrères. Happily for the department these days are going by, for gentlemen are to be found in the medical ranks of the army, and the opprobrious term “only” does not apply to them. “Only” a Doctor, is a term usually applied by military men to those of our cloth who pride themselves on their uniform, on their swords, their buttons, and perchance their decorations and who forget to pride themselves on their capabilities in the exercise of their professional duties. Military *esprit de corps* is a fine thing and, it is not a crime to have a pleasure in the uniform of a gallant regiment, but a doctor should not sink his pride in the noble profession of his choice. If a twinge of shame passes across his features in the mess room at the call of “doctor,” and if he yearns to be mistaken for a general or a colonel, or other military genius, can we wonder that the military, seeing the unspoken worship of the doctor for their particular branch, should snub the doctor who despises his own honourable calling! If he will content himself with the certain distinction to be obtained by the useful activity of the medical profession, he will find the epithet of “only” cease. It is a good thing to be able to wear spurs

without tearing one's trousers, and it is proper to be able to sit one's horse on a field day; but, although these successful and more purely military feats are joys of an unmixed kind, it is well to be able to descend to the more sober duties of the regimental hospital, and that the thanks of the convalescent soldier should be as sweet as the sound of being mentioned honourably in despatches. Had our army medical officers always adhered strictly to their own departmental duties, their various grievances would long ago have been redressed. There are many little points that still fret and chafe the spirits of our army doctors. Being "only" doctors the presidentship of courts martial is disallowed, although they are often called upon to sit upon them as members, according to the strict dates of their relative commissions. Mixed boards, for business purposes, are to be done away with, and still at mess the youngest ensign will take precedence of any medical officer of whatever standing.

Fortunately, the social intercourse at mess is that of gentlemen, and all who can lay claim to that title are on terms of perfect equality and position; but in case of any point of order arising, the doctor proceeds with shame to take the lowest place. In some little things, therefore, the old epithet of "only a doctor" is seen lurking among the many substantial ameliorations of the present time. Our civil brethren can understand the solid question of pay and allowances, but they have not entered into the nicer points of etiquette and position which still pinch the medical officers of the Service. We are persuaded that our army friends have some little blame on their own shoulders, and we are convinced that by a steadfast purpose of upholding in practice, as well as in theory, the honour of the medical calling, a sure method will be gained of solving the little problems of the position among combatants of the medical officers of the army. *Punch* and the *MEDICAL MIRROR* have always given to the public and the profession those points that have escaped the pundits of the colleges, and the oracles of the medical press. We would ask what learned civil doctor with as many letters to his name as the signs of the Zodiac, would like to find that with all his letters, and all his medical position, he were to be classified in civil intercourse as lower than his fellow gentlemen? Haman had all that man could desire, but as long as Mordecai sat in the king's gate, he was wretched and embittered, and we know enough of human nature, to be well aware, that not all the learned titles in Great Britain would compensate for the wounded pride, if after all was gained, the public were sneeringly to say, "Well, but he is only a doctor after all." Like the distinguished originator of Roundabout Papers in nothing but digression, we will imitate him again by returning from our mental rambles to our

subject. "Only a general practitioner," such were the words which began this paper, and such is the description of the ablest members of our profession by their more fortunate brethren. What do the public know of professional distinctions? They know nothing, and care less. What the public wants is relief from suffering, and help in distress and pain. A poor man suffering from a villanous tooth, wishes to have it out, and does he fly to see in the last edition of Churchill's Directory, whether the party he is going to visit has an Oxford or a London degree. The handy apothecary, with ready forceps is a better friend than the specialist, who, beyond his own particular hobby, has no practical assistance to offer to his fellow men. At all hours, by day or night, the general practitioner of England is ready for any and every emergency, from a difficult labour to an operation, and from a tooth drawing to a compound fracture. We are of opinion that instead of the heading at the commencement of this Roundabout Paper, the general practitioners of the kingdom can say with greater justice, "Poor d—l, so he is only a Specialist!"

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Opinion."*

THE MEDICAL MIRROR.

JULY, 1866.

ORIGINAL COMMUNICATIONS.

COMMON SENSE IN MEDICINE.

THERE are few persons, who, ere they have arrived at man's estate, do not believe themselves to be tolerably good doctors. "Pater-familias" generally likes to give his advice to his friends, while the matron prefers physicking her servants and children.

With this trust of themselves, there is generally distrust of the regularly built medical practitioner. "Doctors differ" is a current phrase, and, because they differ, the patient, when he is forced to submit, thinks it right to throw the weight of his own opinion into the scale, and to dictate the method by which he is to be treated.

I make no objection to this, any more than I dissent to my neighbours having their own views on theology, choosing the preacher they will listen to, and trying to convert him if he chances to become heretical. What I do object to is, the loose manner in which amateur professionals acquire the foundation on which they build their judgment. The sources from which the adult draws his inspiration, are remarks casually heard in childhood or in later times, newspaper paragraphs, quack advertisements, the history of unfortunate friends, or observations dropped by medical men in ordinary conversation, and sometimes one, perhaps two, doctors' books are waded through, and then everything which is remembered forms the staple from which advice is woven. Too often the regular physician builds his advice from similar sources, and becomes, when trusted, a blind leader of sightless men.

In philosophy and science it has long been held faulty to allow an assertion to take the place of a fact—a theory to pass for a truth. Yet such is done very commonly both amongst amateurs and professional doctors.

Let us take one of those fallacies which are most frequently put forward as incontrovertibly correct.

"Exercise is necessary to health," is an axiom which few of us pass a day without hearing or thinking of. From the highest to the lowest of the social scale everybody acts upon this idea, or else they submit to a lecture from their friends. To call in question the truth of the axiom raises a shout of laughter from all, and many a sly hit at the love of paradox and the propensity to crotchets indulged in by philosophic minds. Nevertheless, we boldly aver that the dogma is not true, and that it is, moreover, so vague as to be productive of more harm than good. No one would, I presume, say that limpets and oysters were an unhealthy lot, and yet they take no exercise. No one will deny that, as a rule, judges, barristers, lawyers, bishops, well-to-do rectors, physicians, and surgeons who drive about in carriages or sit in their own consulting rooms all day long, are a long lived and tolerably healthy lot.

So, too, we find that ladies whose lives are spent in elegant ease, possess a far greater modicum of health and enjoyment than poor servants or the wives of labouring men. The captains of our ships rarely require the doctor's care, while the seamen under their care, and whose is the business to carry out the order of the chief, crowd the hospitals of our maritime towns. Again, the Royal horses have an appearance of vigour which the poor cab-horse cannot emulate, and, to crown all, we read of, in Watson's lectures, a woman paralysed from the head downwards, unable to move hand or foot, who yet lived in uninterrupted health for twenty years in that condition, and who, after death from some casualty, was found to be structurally sound. Those whose tastes lead them to examine into natural history will think of the dormice and others who sleep throughout the winter without moving a muscle, and say with me—surely exercise is not essential to health.

But every fallacy has a substratum of truth, let us, then, try and find that out. Some writer has found in his own person, that a certain amount of energetic muscular action has increased his appetite and made him enjoy his food more than he did while sedentary, and in the fulness of his heart he frames the proposition—exercise is necessary to health. He looks around and sees some healthy labourers, hears of some distinguished author who has gained a renewal of life amongst the glaciers of the Alps, or reads the enthusiastic outpourings of a spirit which having been chained to his inkstand for years is emancipated for a time to rove amongst the mountains of Cumberland. This evidence satisfies the requirements of his mind. He finds in metropolitan physicians a kindred notion, and thus authors medical, and lay, unite in lauding exercise as the *elixir vitæ*.

The saying once become familiar—passes into an axiom, and after that the mind naturally argues the greater the amount of ex-

ercise taken—the greater must be the amount of health resulting : and if the experiment of active exertion be tried and *fail*, the conclusion drawn is that *enough* exercise has not been taken.

Anybody taking the trouble to think about the dogma, will see readily how it is that it may appear to be true and yet be wholly false.

Let us divide our discourse as the clergy do their sermons, into three heads—viz., the words exercise—necessary—health.

First we will ask Mr. Law what “he means by exercise?” He will tell us a run into the country to the pure fresh air. Mr. Gospel to the same query, answers, a good sharp walk along the high road, or an hour at the dumbbells. Mr. Physic says that he must have a high trotting horse, a walk in the suburbs, or a tour in Switzerland. Mr. Shopman says that he thinks it exercise to walk a good long way to or from his establishment. Mr. Clerk takes some distant residence, and not only walks to and fro, but takes an extra long perambulation on Sundays. Mr. Pedagogue makes his boys play football ; and Miss Seminary makes her young ladies demurely walk.

Throughout all these responses, there is the idea running that air—fresh, good, and pure—forms part of the definition of the word Exercise.

But exercise is only in reality another name for *work*.—The man who toils with his brain—his body, or with both—works—and many by that work exhaust themselves. When so exhausted, common sense tells us that more work will exhaust them more. The proposition is so self-evident as to be a truism ; yet it is unknown, and the man who is already tired will take exercise to recruit himself ! He (or she, for females are in this instance no more astute than men) feels himself getting worse it may be by following the plan ; but he lays the deterioration to his *business*, and so increases the mischief by taking additional labour—calling it *exercise*.

What such an one really wants is *rest from toil* and pure air. Who would think of getting a hard worked horse into “condition” by giving him work in a gig after he had done his day’s work in a cab ? yet the horse’s master will systematically try the plan in his own person.

The true definition of exercise in the connection with its being conducive to health, involves rest from mental toil—an attempt to overcome that indolence which luxury induces, and which helps to convert the man into the animal, and the substitution of a pure for an impure atmosphere.

In whatever words we draw out the definition, it ought to include the idea that exercise carried beyond the individual’s powers is *toil* or *downright hard labour*. If those who think themselves amateur doctors could once believe this, they would never, as I

have known many do, recommend *exercise* as a cure to the weakly, or a panacea to the dyspeptic, and new life to the consumptive.

I have seen much of human suffering but I have not seen any amount of misery so great as that which was inflicted, by her friends, upon a young lady whose years were made up of days of agony by the pertinacity with which she was (morally) compelled to take exercise, to increase a strength that was daily diminished by the process. My blood has often boiled at the tortures inflicted under the guise of religion, yet never so fiercely as it has done since I have seen what has been done by amateur doctors under the name of friendship.

On the second head of my discourse, *Necessary*, I will say little. To indulge in egotism, I would only remark, that I believed the dogma—acted upon it—and found myself so much worse each year, than I had been in the former, that I gradually read the word differently as time went on. I tried to win such words as—auxiliary, conducive, advisable; and went on thus bothering my brains, until one day I relapsed into a childish view, uttered the words—"All work and no play makes Jack a dull boy," and then refused to think farther on the subject.

Our third head, *Health*, is of itself a text for a dissertation. What does each one of us mean by it? Freedom from illness till the mortal disease comes? or duration of life irrespective of ailments? A. B. is a miner, and recovers from injuries too dreadful for any but a surgical journal to detail, yet he and all his class have a short hold on life—few living till sixty. C. D. dies, like the late Sir R. Peel, of a trumpery accident, which a foxhunter laughs at, yet he and his compeers have a far stronger grip on long life than the miner has.

The finely thoroughbred horse and dog are thrown into a fever by an accident, which is scarcely felt by a cart horse and cur.

There is amongst men health comparable to that of the *animal*, and to that of the *intellectual* being. When we use the word, which do we mean, and which do we emulate? The two may be, but very rarely are, compatible with each other. Again, we know that all human beings are no more identical, as regards stature, breadth, development, constitution, &c., than are horses, dogs, or plants. The huntsman knows that Pincher is indefatigable and slow, but that Daisy is clever but soon done up; if the master of hounds, seeing this, heard that the two were made to do equal work, he would justly be indignant, yet if of his own daughters one was all activity, and the other apparently all indolence, he would make the life of the last miserable by insisting upon her following her sister's example.

As the divine ends his sermon by an application to different classes of persons, so let me enunciate the deductions experience has taught me to draw.

1. The overworked want rest.

2. Rest is infinitely more valuable to the children of toil than exercise.

3. Exercise, taken without close attention to its results, is worse in its effects than certain drugs.

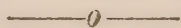
4. Exercise may give muscular power at the very same time that it is sowing and watering the seeds of consumption.

Let me, in conclusion, urge upon all amateur physicians the good old maxim—*Respice finem*, or, to translate freely—“Watch the result” of your advice, and if it prove unsatisfactory cease to give oracles.

A man or woman resembles a locomotive without a steam gauge. The driver cannot tell what work it can do till he tries; if he finds its powers low he must let the engine *rest* and fire-up; so when a man has no *go* in him he must rest and take food.

I have been for fourteen years a hospital physician, and I declare that there has not been, in all that time, any one thing which I have seen do so much good to my patients as the warm comfortable bed they are ordered to lie in.

T. I.



TUBERCULOSIS.

An Abstract from Virchow's Krankhaften Geschwülste.

By FRANCIS DELAFIELD, M.D., New York.*

ONE of the greatest of living pathologists has definitely formulated his views concerning that most difficult subject—tuberculosis. No English translation of his work has yet appeared. This short sketch of his treatise may be of interest.

The lymphatic glands consist of cells, the so-called lymph cells, contained in a fine reticulum of connective tissue, and arranged in follicles divided by fibrous sheaths. These follicles may form large masses, as in the thymus, the tonsils, and in Peyer's patches; or they exist singly, as in the solitary intestinal glands, and the malphigian bodies of the spleen. The essential element is, in all cases the cells.

There are two groups of tumours analogous in structure to these lymphatic glands. First, hyperplastic growths of already existing glands; second, heteroplasmic growths of the elements

* From the *New York Medical Journal*.

of glands, where none such normally exist. To the second of these groups belong tubercles. There are two words which have been so loosely used in connection with tubercles, namely, *scrofula* and *struma*, that it is necessary, at the outset, to define them.

Scrofula, is the literal Latin translation of the Greek *choëras*, which is found in Hippocrates. Both expressions signify a young pig (*scrofa*, *χοίρος*). The older writers derive the name from the fact that the swellings are as numerous as a sow's young; or that swine suffer from this disease; or that swine have necks containing many glands; or that an affected neck assumes the shape of a swine's. The Latin word, however, was little used by the ancients, and the expression "*scrofula*" has only been generally used since the time of Cullen and Hufeland.

The word *struma* is found in translations of Greek authors, and in Celsus, as a parallel expression to *scrofula*, often with exactly the same meaning. This original use of the two words as synonyms has been reproduced by modern English writers, who express by "*strumous*" what continental writers call "*scrofulous*," or "*tuberculous*." French writers use the word *struma* very little. German authors, on the other hand, express by *struma*, tumours connected with the lymphatic glands. This use of the words will be here retained. *Scrofula*, however, is here used to express not a mere swelling of the lymphatic glands, but a peculiar condition of the constitution, which causes the lymphatic glands to be unusually vulnerable to any irritating cause, and indisposed to healthy reparative action. This condition can be explained in part by an unusually rich development of the lymphatic organization, in part by a weakness of particular parts or regions. This weakness is caused by a certain imperfection in the organization of the glands. Such a constitution may be hereditary, or may be produced by insufficient and bad nourishment, foul air, &c.

The word *tubercle* had originally nothing to do with any special process, but merely expressed the shape of some particular local growth, or was even used as a synonym for processes of the bones. So it was applied to tumours of the most diverse natures, syphilitic, cancerous, bony and fibrous, as a simple descriptive term. The word first began to be used in its modern sense at the end of the last and the beginning of the present century, at the time when more accurate anatomical investigations of lung diseases, especially by Baillie and Bayle, were undertaken.

Careful *post-mortem* examinations of morbid lungs revealed a variety of conditions, which were called by various names; *tubercula*, *struma*, *scirrhomata*, *steatomata*. Two forms of *phthisis* were distinguished, one resulting from *pneumonia* and

catarrh, the other from tubercles. The tubercles were considered to be diseased glands. Attention was called to the many points of resemblance between tubercles of the lungs and scrofulous glands, and hence was involved the doctrine of the identity of scrofula and tuberculosis, a doctrine held by Von Swieten, Morgagni, Cullen, Portal, and Hufeland.

The exclusive examinations of the lungs, however, and the regarding them as a standard of tuberculosis, led to confusion. Laennec, especially, investigating as a specialist, and considering phthisis as a unity, confounded together a number of totally different conditions, and his great authority has influenced nearly all subsequent investigations. His followers held the cheesy material as the diagnostic sign of tubercles. Even those who, like Lebert, declared against the identity of scrofula and tubercles, considered the cheesy condition of the gland as a diagnostic sign of a tuberculous process. This cheesy material has been the source of numberless errors. It must be borne in mind that it is no specific material, but is simply dead tissue, and may be the last stage of various morbid processes. Any reasonings which regard this dead material as the essential part of tubercles must end in error. Thus, Broussais and Cruveilhier, considered tubercles as the result of an inflammatory process, and originated the doctrine of tuberculous inflammation. It is absolutely necessary to hold fast the non-identity of the original processes, and to overlook the identity of the metamorphosis which the tissues can undergo. Then it becomes possible to make the essential distinction that tuberculosis, in opposition to scrofula, is the production of heteroplastic lymphoid new growths in regions where they do not belong.

The true tubercle has no essential connection with inflammation. Whether its growth is, or is not, attended by inflammatory process, its character remains the same. It is, however, undoubtedly of an irritative nature, and it is even right to speak of a tuberculous inflammation.

Though tubercle are to be considered to be as distinct from scrofula, it is necessary to admit their near relationship. Tuberculosis may even be regarded as an heteroplastic scrofula, for the frequent occurrence of both conditions in the same person is otherwise difficult to explain.

There have been various views in regard to the relation between tubercles and the products of inflammation. First, that tubercles are the irritating cause which produce the inflammation. Second, that both tubercles and inflammatory products are formed from a simultaneous exudation. Third, that tubercles are produced from the inflammatory products. The first and last of these views are founded on fact, and can be proved by observation. The second view, that of a tuberculous

exudation, was originated by Magendie, and supported by Rokitansky and the Vienna school. They held that the specific material was exuded from a morbid blood, and cited the existence of the well known cheesy material in the alveoli of the lungs as proof. The result of their reasoning and mode of investigation was that the real tubercles of the lung were overlooked. And under the name of gray granulations, in the lung and arachnoid membrane, they have been described by Robin as something new and distinct.

It is in the lungs that the cheesy material has caused the greatest confusion of ideas. After a chronic pneumonia or bronchitis, the alveoli and small bronchi are left filled with the products of inflammation. These thicken, degenerate, and become cheesy; there results what has, since Laennec, been called "tubercular infiltration," but is really a cheesy hepatization. This cheesy material may be found in miliary form, in circumscribed deposits, or involving entire lobes. True tubercles of the lungs arise always in the walls of the air passages, and are not secreted in their cavities.

To avoid confusion, it must be remembered that tubercles exist in various stages of growth and decay, and vary somewhat in different organs. A description therefore, true of one stage, may be quite false of the others.

The true tubercle is organized, if not vascular; that is, it is composed of living cells. It arises from connective tissue, bone, fat, or marrow. It is, therefore, best studied in those parts which are composed of the simplest tissues, such as serous and false membranes; next, in glands, with a well defined stroma, as the liver and kidney; with the greatest difficulty in organs, like the lung and brain, of a complex structure.

The young growth looks at first like fresh granulation tissue; it contains very soft, fragile cells and nuclei. These cells are the true tubercle corpuscle, which is not a mere nucleus nor a solid body. They resemble essentially the lymphatic gland cells, are round, and vary in size from a little smaller to threefold that of a white blood corpuscle. The cell body is colourless, transparent, a little granular, and easily broken by pressure or the addition of water and reagents. The nuclei are small, homogeneous, shining, contain nucleoli, and number from one to twelve in a cell. Between these cells is a small, net-like arrangement of connective tissues, fibres, and sometimes vessels. The latter are usually not new, but belong to the old vessels of the part.

Lebert's tubercle corpuscle is no original element, but a production formed from cheesy metamorphosis. It can be found not only in dead tubercles, but in pus, scrofulous glands, cheesy hepatization, and carcinoma, after they have undergone the

cheesy transformation. It has, therefore, no diagnostic worth whatever.

The young tubercle is a true neoplasm—arises not from an exudation, but from proliferation of existing tissues, or from newly formed connective tissue.

The cellular arrangement of tubercles is repeated in all parts where they reach their acme. But in many regions the acme is never reached, especially in firm, fibrous tissues, and newly formed connective tissues. Here a large part of the tubercular tumour consists of thick connective tissue, whose cells are numerous and contain several nuclei, while only in the centre is a riper growth found. When such a tumour becomes older nothing will be found but a fatty, granular centre and a shell of connective tissue—no cells.

After the first development of tubercles their regular course is to the cheesy transformation, but fatty degeneration, with or without resolution, may also take place. This cheesy transformation begins at the oldest part of the deposit, generally the centre. After the cheesy stage comes that of softening, which also first attacks the oldest portion. In tubercles growing on surfaces, however, the oldest portion is the middle of the surface, and not that of the entire growth. Those who suppose softening begins at the periphery have only observed conglomerate masses, or non-tubercular cheesy deposits. The softening is not the result of the tubercular mass causing inflammation and suppuration of the surrounding tissues. It is a purely chemical process, unconnected with suppuration. The debris of tissue, which form the cheesy mass, separate into smaller and smaller elements, and may even change to a fluid form.

If the softened tubercles are near the surface, as in mucous membranes, there follows ulceration. This takes place through the simple separation of the softened mass; without any suppuration. But as the softening is usually only partial, the bottom and walls of the ulcer are still formed of cheesy material, which gradually also softens and separates, until there is left an ulcer no longer tuberculous, though caused by tubercles. Not until it has thus become a simple ulcer does it secrete pus. These ulcers can be best studied in the bladder. After the separation of the tuberculous matter the ulcer may cicatrize, but this is seldom the case. More often new growths form around and under the ulcer, and the morbid process is constantly beginning afresh. The so-called infiltration is formed when a number of deposits are situated near each other. Through their confluence is formed a continuous, homogeneous, cheesy conglomerate. In mucous and serous membranes, through such a confluence of miliary tubercles results a thick, yellowish white, dry layer, which covers the entire surface, like a diphtheritic membrane.

If this takes place in the walls of a tube like the bronchi or ureters, it may even obliterate their canals; and if the mass afterward softens, it will appear like an exudation in the cavity of the tubes.

Large tubercular masses are best studied in the brain and spinal cord. There it can be seen that the mass is formed of lamellæ, and that the growth takes place by the apposition of new gray tubercles, and not of cheesy material.

In the lymphatic glands, there exists a tubercular growth arising from their connective tissue. The glands usually inflame and hypertrophy at the same time. The growth begins as small, grayish spots, in greater or less number, but does not always affect the entire gland. The gland tissue proper becomes soft, reddish gray, and succulent. The gray spots become larger, firmer, harder—and, finally, cheesy. Afterwards the mass may soften. Tuberculosis of the glands is nearly always secondary to that of neighbouring organs.

The spleen is one of the favourite seats of tuberculosis. On the other hand the tonsils, the salivary glands, the pancreas, the muscular system, excepting the heart, the thyroid gland, the mammary glands, and the ovaries, show an unaccountable indisposition to take on this process.

The testicles are strongly predisposed to tubercle. The existence of syphilitic growths and of chronic inflammatory processes renders their diagnosis obscure. The anatomical diagnosis of the inflammatory process is not difficult. The gummy tumours are to be distinguished by their situation in the body of the testicle near to the tunica albuginea, while tubercles usually begin in the epididymis. The tubercles always arise from the connective tissue, and never from the epithelium.

In bones, tuberculosis usually arises from the marrow, especially in the spongy bones. The vertebræ and the ends of the long bones are its favourite seat. The process usually takes the form of an osteo-myelitis tuberculosa, though in young children a simple formation of tubercles occurs. The yellow marrow first becomes red, then are formed small, grayish granulations, at first scattered, later, grouped together. The surrounding marrow is hyperæmic. Later, these granulations become cheesy, run together, and there result opaque, yellow masses, which contain the detritus of the surrounding tissues. These partly cellular, partly dead masses fill the medullary cavities. At the same time the bones thicken. After a certain time the bone tissue itself is affected, and this may take place in two ways. First the bone tissue changes into soft granulation tissue, in which miliary tubercles grow; or, secondly, the bone surrounding the cheesy masses necroses, especially in the spongy bones. There results a form of caries. Around such dead portions of

bone arises a secondary inflammation and suppuration ; hence are formed abscesses, which seek the surface by fistulous openings.

In Pott's disease of the spine, the cause may be either such a tubercular process, or more often a true inflammation and suppuration of the bone—*osteo-myelitis scrofulosa*.

If we now consider tuberculosis as a whole, we will notice two characteristics : its heteroplastic formation, and its inclination to multiple eruptions. Both these qualities seem to imply a dyscrasic cause, and the doctrine of a tubercular dyscrasia, or diathesis, has been widely taught and believed. Hence, also, arose the question as to the exclusion and combination of tubercles with other diseases. It may be safely asserted that there is no exclusion of tubercle against other diseases, only against certain organs and tissues. But it never forms part of a mixed tumour. This question loses its interest when tubercle is considered, not as an exudation, but as a new growth.

But now we must ask, whence and how does this growth arise ?

It can be definitely stated that connective tissue and its allies are always the matrix. The attempts at determining the cause of the new growth by experiments on animals have proved very unsatisfactory. It is doubtful if true tubercles even exist in them. No one has yet succeeded in forming tubercles by experiment.

There is certainly a local vulnerability and a little immunity of organs. In general, organs normally containing lymphatic elements are those most predisposed to the disease, but there are exceptions which cannot be explained. Also there is a vulnerability and immunity of individuals.

Tubercles are a disease of extra-uterine life ; they are hereditary, but not congenital—hereditary not as a disease, but as a disposition. It is probable that not only tubercles, but also syphilis, scrofula, and other diseases of parents may cause a predisposition in their children.

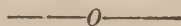
The tissues are the carriers of this predisposition, and the younger they are so much more easily is their disposition excited. A disposition to tuberculosis indicates always a disposition to inflammation. Childhood and youth are especially prone to the disease. The fact that in the same family one child is attacked by tubercular arachnitis, another by tubercular osteomyelitis, a third by tubercular laryngitis, does not prove the existence of a dyscrasia, which breaks out now in one organ, now in another. It rather shows that different exciting causes affect different regions, all having the same predisposition. The predisposition is not only hereditary, but is produced by all causes which debilitate the general system.

Tubercle resemble malignant growths, in that it infects neighbouring tissues. Thus, in mucous membranes and in other organs, the original growth causes the formation of new growth in its neighbourhood. There is also found a secondary tuberculosis of the glands, as in the mesenteric glands after intestinal tuberculosis, and in the bronchial glands after tubercular bronchitis. Metastases in distant organs, also, are produced.

The contagiousness of tubercles or their inoculability has not yet been demonstrated.

It seems probable that tubercles may be at times epidemic. It may be that, as with plants, so with tumours, certain seasons of the year produce an increased growth. These questions require further study.

The indications of treatment are : When possible, extirpate the tuberculous mass early, as in the testicle, the glands, the bones, and joints. When this is not possible, we must, first, fight against the predisposition by every means which will improve the general health ; and, secondly, carefully avoid all irritating causes, for a slight catarrh or inflammation of no moment in a healthy constitution, in one disposed to tubercles brings a new growth in its train.



THE HEALTH OF THE ARMY.

THE loss of our army in the Crimea was on all sides regarded as a national calamity, but the throes of England's anguish for her children there needlessly sacrificed resulted in little action. The heart of the nation is true to itself, as evinced by the willingness with which her money is voted, the horror with which she listens to recitals of disaster, and the loud denunciations with which she loads neglect. Indeed, a sudden discovery that her sons are exposed to preventable woes excites her into an ungovernable frenzy, but, too often, at a mere promise of amendment the storm passes by, and then the same scenes are heartlessly re-enacted ; in proof of this assertion we need only point to the mortality of the British army. For a whole generation it has been known that the death-rate of the soldier exceeds that of the civilian, and many an able man has at intervals commented on the fact. Yet, though no money has been grudged, though the humanity of the people is unquestioned—disease and death continue their ravages. As long ago as 1847 the large mortality of the army was attributed to defective barracks, and excited discussion in the House of Commons ; yet, for a dozen years afterwards we went on in the old way, till the figures of the "*Royal Commission for Enquiring*

into the Sanitary Condition of the Army" stood in ghastlier array than ever. These figures ought never to be forgotten, so we shall make no apology for recurring to them at this date. Strange to say, the death-rate is largest where it ought to be smallest—in the most select regiments. We shall draw our illustrations from the Foot Guards, merely premising, that though this is the worst, some other regiments are nearly as bad.

The Guards are the picked population, no man in questionable health is enlisted, the tallest, best-built, healthiest are alone admissible; they are provided by the country with lodging, food, dress, and when sick with hospital accommodation, and have, therefore, no anxiety about their living. The picking process deserves a moment's attention. Many persons conscious of their weakness do not offer themselves, those who feel pretty sound are carefully examined by the surgeon, and the least sign of imperfect health is sufficient cause for rejection, those thus rejected, which amount to more than a third of the candidates, continue in the civil population, some of them have latent serious diseases about them which shorten life, they die and their deaths are recorded as civilians—the civil mortality being thus swelled and that of the army proportionately diminished. The death-rate of the army ought, therefore, to be less than that of the general population, and to assure a whole regiment at its ordinary rates ought to make any insurance company rich, forthough all these societies select their lives, their tables are so constructed that they could safely assure a whole city indiscriminately—the healthy compensating for the diseased. It might then safely be expected that any office could afford to assure our army at reduced rates. The fact, however is, that the transaction would ruin the office even on the usual terms. The following figures will make this clear. The deaths per annum per 10,000 men of the army ages in England number ninety-two. In the large towns and cities they rise to 120. In the police force, which consists of select lives, they only amount to seventy-six. In farm-labourers, notwithstanding the hardships they too often endure from the receipt of wages which Christians ought to blush to offer, they do not exceed eighty.* But in the infantry they are no less than 187 and in the Foot Guards 204. Awful as these figures are they do not tell all, for a second selection thus ensues :—Many who are admitted as soldiers are afterwards discharged the service from ill-health. This process of "invaliding" weeds out the worst lives, which return to the civil population to swell its death-rate and diminish that of the army.

* The latest returns are not taken, in order that the contrast with the official army figures may be more fair.

The country might well be appalled at this waste of life and demand an explanation. This is to be sought in the causes of death which most frequently disfigure our army records. Pulmonary complaints and epidemics exhibit an inordinate mortality among soldiers, and it therefore becomes us to look for influences which predispose to these diseases.

Fever, cholera, and dysentery are the chief members of the epidemic class, and their causes are well understood. Foul air, especially air polluted by animal exhalations is constantly exciting these diseases, and its influence is a thousand times enhanced by defective diet and hardships of any kind. When John Howard had succeeded in removing these causes of disease from our prisons—jail-fever at once disappeared. The Parliamentary return of 1847 demonstrated that our barracks were so crowded that the inhabitants must of necessity breathe foul air. In the number of cubic feet per person occurred such figures as 397 down to 285, yes to 174 and even to 147, and in these figures lay the awful fact that our soldiers were perishing, by a process slower but not essentially different from that in the Black Hole of Calcutta. Without insisting on the narrowest spaces allowed, we find the average all over the country only 400 cubic feet. This figure excited the astonishment of sanitarians:—fever and consumption must be ripe they cried, cholera will surely find out our barracks said many, and in 1849 the terrible prediction was fulfilled. To justify these prophets we need only contrast the soldiers' average of air with some other figures. In Pentonville, the prisoners' space cannot be estimated at less than 1,000 cubic feet, and our paupers get 500 in their bed rooms, which are well ventilated by day, while the soldier who occupies his barrack night and day is restricted to 400. This is his treatment in health, in sickness he goes to the military hospital and gets a much more liberal allowance.

In reflecting upon the havoc made by epidemics, we must not omit the influence of contagion, the facilities for which bear a direct ratio to the density of the population, and our army is in the condition of a densely peopled district. On the other hand, being entirely under command, means can, and ought to be adopted to prevent the spread of infectious maladies, which cannot be brought to bear on civil society.

Let us now glance at the other class of unusually fatal diseases—pulmonary complaints. Of these, the chief is consumption, and a knowledge of its causes will materially aid our inquiry. It is generally known that this disorder is to a great extent hereditary, and it has therefore been a matter of surprise, that picked lives should exhibit such a fatality from this cause—130 in the Foot Guards against sixty in civil life. But it has been forgotten that nothing is easier than to induce consump-

tion in almost any population. Given certain conditions and the physician could undertake to kill any body of men by this disease, although their ancestors' blood were as pure as that of the ancient Britons, who in painted skins, defied the climate, and rested soundly under the canopy of heaven on the beach of their native shores. It is true that hereditary influence is by no means small, for new-born children are sometimes consumptive, but just as frequently men resist for years all disease of the lungs in spite of family taint, and only succumb when placed beneath influences which no constitution could withstand.

Close confinement polluting the atmosphere, with exposure and hard work, or with dissipation is sure to end in consumption. Our cities and large towns exemplify this. Our artizans are subject to these influences coupled with no little anxiety as to their daily bread. Consumption decimates them, and it is only by continually receiving fresh supplies from the country that the towns keep their ground. It is the fresh country blood mingling with that of the citizen that prevents the race from becoming extinct. In all over-crowded, ill-ventillated places consumption is slowly doing what the plague or cholera more rapidly, perhaps more mercifully, effects. It may be thought preferable that a pestilence should rapidly sweep away a whole race, than that each generation should grow feebler, until at a point below that of the most deplorable CRETINS, it should no longer keep up the stock. A further proof that consumption may be thus produced is, that negroes who come to this country and suffer hardships almost universally fall victims to it, however free from taint their African progenitors may have been. The analogy extends to the animal creation, for most of the monkeys, tigers, and other wild creatures brought here die from consumption, produced by the confinement and impure air to which they are subjected.

It must be allowed then that the two classes of diseases which carry off our soldiers in greatest excess have some common causes, and these we propose to examine more carefully.

Commencing with the most important—a vitiated atmosphere—we must look to the state of the barracks. We have seen that, as early as 1847, so great was the crowding—400 cubic feet being the average allowance—that cholera was confidently predicted; and in 1849 this scourge visited our London barracks, its virulence being so great that the soldiers perished at three, four, and five times the rate of the citizens just outside. The plague was at length stayed, and how was its lesson learned? In the next decade, 150 new barracks were erected; but while freely voting the money, the public trusted its servants to profit by the past, and little improvement was effected. In the Reports

of the Commissioners, we read of such spaces as 308, 306, 303, 280, 270, and the average only attained 550 cubic foot. Thus we went on crowding our soldiers into inadequate spaces. The felons who occupy our prisons are better off. It is to be remembered that the barrack is the soldier's only shelter by day as well as night ; that full ventilation is impracticable, for in these buildings it only creates pernicious draughts, which are more intolerable to the men than the inhalation of an already breathed atmosphere. But the Commissioners brought to light still worse abominations. Some barracks below the level of the soil, and too damp to be useful as store-rooms ; in some the beds touching each other ; and the state of others too disgusting to repeat. There, then, in that cellar (for it is nothing else), cold, nay, it is warm enough from the number of human beings crowded into it, and damp enough from their perspiration if not from its structure—there, breathing the same breath over again, and even that polluted with the exhalations from the skin and often with other animal effluvia, with a little window on one side, just on a level with the ground, to let in a ray of morning light to dress by, but with no ventilation, the noisome smell of humanity and the faint odours of the cookery, disguised, not neutralised, by the fumes of tobacco—there sleep the brave fellows who fight England's battles ; and sleep right soundly too to inexperienced eyes, though to the sanitarian their sleep resembles too nearly the oppressed coma of exhausted nature ; and that hoarse snoring seems but the vain struggle of the respiratory organs to obtain a draught of pure air to revivify their half-poisoned blood. What Howard will rescue the soldier from the barrack fever and other maladies induced by such a state ? Who will take up the work from which Herbert was called away ? Density of population bears a direct proportion to certain diseases, and if the number crammed into barracks be thus injurious, we may expect that the amount of crowding would be a gauge of camp diseases, and this expectation is confirmed by a sad experience. From the "Regulations for Encampments," we learn that the smallest space allotted each soldier is three square yards, and the largest equals eight square yards. The densest district in England, East London, gives each inhabitant more than $17\frac{1}{2}$ square yards. In the same space that London occupies our military authorities would encamp 127,000,000 soldiers. The want of elbow room in our overgrown cities need no longer furnish a ground of complaint.

Returning to our barracks, we find other sources of disease, in addition to the crowding and want of ventilation. The choice of a site has often been injudicious ; the construction of the buildings seldom suitable ; and the sewerage scarcely ever

effectively provided for. Carelessness of these things has been the rule, and the consequences disasters. Our hospitals, too, have often been about as much thought of in these respects as our barracks.

Besides the state of the barracks, a soldier's clothes may be a fertile source of disease. Scarcely any article of dress is supplied but is complained of. Of injurious head-dresses we have heard *usque ad nauseum*. The stiff stock finds no defender. Respiration and muscular movement seem to be impeded to the utmost by the coverings of the body. On a march, wet or dust, varying with the weather, is gathered up by the trousers, and the overcoats imbibe and retain moisture without protecting from cold. A pretty catalogue of carelessness! More active still in producing disease is an improper diet. Bread and meat served out daily, in the same quantities, at home and abroad, whether working in the trenches or lounging along streets, compose the soldier's ration. The monotony of the diet is so much felt that the men continue to complain. Dr. Balfour calculated that at the Chelsea Royal Military Asylum, variety of cooking produced a fall in the mortality from 97 to 49, and at the same time saved 300*l.* a year!

We have now to consider occupation. Many will readily suppose that night-work is exceedingly hurtful; a belief we do not cherish. To a man in whom the fire of consumption is smouldering, night-work, involving loss of rest, exposure to cold and wet, with insufficient clothing, would doubtless kindle the flame. But this is not usual. When ailing, the soldier at once goes to hospital. If his health is not good, he would be ordered off duty by his surgeon; and night-work to a man in perfect health is not appreciably injurious. This is clear from the low mortality of the London Fire Brigade. The men of this body are ten times more exposed than any other; their night-work is very heavy; at fires they endure extremes of heat and cold; now they are deluged with water, which is rapidly becoming steam around him; and anon on some high place they brave the wind and water, while the latter becomes icicles on their clothes. Yet these men are very healthy.

The want of suitable exercise must not be lost sight of. The foot guardsman "gets up at six. There is no drill before breakfast' he makes his bed and cleans his things; he gets his breakfast at seven. He turns out for drill at half-past seven or eight; his drill may last an hour and a half. If it be guard day, there is no drill except for defaulters. The men for duty are paraded at ten o'clock; that finishes his day's drill altogether. There is evening parade, which takes half an hour."

No employment, except a monotonous drill, is sure to make a man either miserable or mischievous. Nothing can be added

to the exercises without disgusting him, for their monotony is almost unbearable. To pass away his weary hours and get rid of the tedious listlessness with which he is oppressed he rushes into dissipation. Considering the class from which recruits are drawn this is no cause for surprise. The soldier is not to be held responsible for the fierce temptations with which his superiors thus thoughtlessly surround him.

Commissioners may blink at the amount of intemperance, but absolute intoxication in the army is common enough, and short of that, hard-drinking combined with defective diet and clothing has a sad effect on the best constitutions. The influence of intemperance in shortening life is known to all interested in the subject. Concealment of free habits in effecting an assurance will vitiate any policy, the physician is required to show his sagacity by detecting this habit.

Habitual drinking exposes to a twofold risk of zymotic diseases, and readily aggravates trivial chest complaints into irremediable maladies.

Men who indulge in drink rarely curb other passions, and the listless unmarried soldier is almost without restraint. The result to his moral and physical health is deplorable. The great social evil, of which we have heard so much, is, in the army, multiplied a hundred fold, and becomes a potent cause of invaliding. More than one out of every fourth soldier enters the hospital *yearly* from this cause alone. Considerably more than a fourth part of the entire sickness of the army arises from venereal disease, and the temporary loss of service thus occasioned cannot be estimated, in money value, at less than £15,000 per annum. But this is not all, hundreds leave the army whose diseases are thus engendered, secrecy must hide many cases, and not a few deaths recorded under other causes must have originated in this. The cachexia of debauchery will often end in consumption, and debauchery was so on the increase in the army that the Contagious Diseases Prevention Act easily passed the legislature. We are now prepared to consider the means of decreasing the army death-rate.

The clothes and the diet, including cooking, may easily be made conducive to health. Let the system of stopping pay for some of the soldier's necessities be at once abandoned, the country undertaking to clothe, feed, and lodge and pay him a fair wage besides. Good meat daily of various kinds and variously dressed, together with a plentiful supply of vegetables should be provided. The adaptation of dress to climate is of the utmost consequence and the certainty of an European force being required in India for some years points to the necessity of considering how our men are to contend with a tropical climate. Constant care in clothes and diet may yet remove the dangers

of an Indian residence. At home, warm woollen clothes, overcoats which do not act like sponges, flannel shirts, a sensible head-dress, and coats to button over the trousers will serve every purpose.

But no comforts will suffice while our prisons are better than our barracks. The jail is none too good; we would not kill the felon by immersion in dungeons of Neapolitan unwholesomeness; far less would we reserve this fate for the soldier. Let us have no half measures. When the country became sensible of the vast difference between its workhouses and barracks no expense was deemed too much. Cellar-barracks should be destroyed lest we ever return to its use; the first expense would be far the least as it would save many lives, and soldiers lives are very costly.

There can be little difficulty in constructing suitable buildings, wherever a garrison is placed—but there is the prior question—are buildings always necessary?

In suitable climates why should not the English soldier house himself after the manner of the native Indian army, whose "mortality is lower than that of the civil population from which it is drawn."

"The Sepoy receives a small sum under the name of hutting money, with which each man erects for himself a rude construction with mats and other articles of a similar character.

"It is also a fact worthy of notice, that the mortality of the army when *huttet* before Sevastopol, in 1856, as compared with the troops at home, was nearly one-third less than the mortality of the infantry of the line, and two-fifths less than that of the foot-guards, when barracked in England."

It may, therefore, deserve anxious consideration whether the cost of new buildings ought not to be entirely dispensed with. But our army must not be left to rot in unwholesome barracks where pestilence constantly rages while these questions or the still more knotty one of plans and specifications are going the rounds of the circumlocution offices. It would seem worth while to try a system of out-door lodging before proceeding to the erection of more immense barracks. Have the advantages of the newest buildings yet been demonstrated?

Comfortably clothed, fed, and lodged, some occupation should be found the soldier. Our Gallic neighbours have great faith in gymnastics; and out-door games, such as cricket, quoits, and all athletic sports should be encouraged. In wet weather and evenings a well lighted and well ventilated reading-room, with coffee accessible, would be attractive, as well as chess, draughts and bagatelle; a good dry skittle ground is a great favourite, and the game expands the chest and exercises the limbs. The soldier is no great reader, but a small library ought to be added

to every reading-room to encourage a taste for knowledge and foster it where it exists. Newspapers and periodicals are, however, vast attractions, and if provided at home would not be sought in the pot-house. In barrack-pleasures such as these lies the antidote to half the listless dissipation which is the soldier's bane as well as the never failing cause of disease. We would answer for a great diminution in immorality when this system became general. Not that we imagine vice to be readily eradicated from any community, but the excess of debauchery, the running riot of immorality, "the superfluity of naughtiness, is, we believe, too often the result of the absence of comfort. Virtue is a plant which requires cultivation but gets none in our army, where the decencies of common life are sometimes unobserved. Surely a so-called Christian country will remove this scandal.

The marriage of our soldiers is a point of consequence. No impediment to matrimony ought to exist in the Service, and our married soldiers ought to be provided with the comforts of home. If accommodation cannot be found then let the outdoor system be introduced thus far. Soldiers might live in neat cottages, and attend their duties as easily as mechanics. Morning drill might be so contrived as to secure early rising, and the other hours for duty might be so arranged as to serve every useful purpose. The married soldier might mess with his comrades or furnish his own table at his option. Whether this were done or not employment of a useful nature could be provided. For instance, what prevents the men having land to cultivate? By allotments each soldier would have a little garden and make a small profit of his fruit and vegetables than which nothing could find a readier market. Outdoor soldiers would, doubtless, engage in something of a remunerative nature, and the result of the system would be a larger number of volunteers, and a healthier state of the forces. Then, again, when an army is to be encamped why should not the men build their own huts? All branches of a builder's trade could be performed by the soldier; he would be more robust, and, therefore, happier for his labour and a far less helpless creature in a campaign. It is objected that the work would not be done so elegantly nor last so long, two propositions not yet proved. But even if they were the expense could not be greater; consider how large a proportion of the cost of a building merely represents labour done—wages paid by the contractor and on which he makes a profit. Besides saving all this the country would not be exposed to the robberies of dishonest contractors. With so much labour-power running, why might not an attempt be made to make the army self-supporting?

An irresponsible sanitary staff has been held up to the public

as a panacea for the state of the army. It is to some extent a natural idea that eminent sanitarians should be retained to advise the military authorities, but we are not blind to the fact that the medical department is the only one to which sanitary matters belong. There is no other profession competent to study the laws of health. Amateur sanitary legislation has done mischief enough already. Bunglers who have never understood the functions of the human body are not to be trusted to set forth the conditions under which they are most naturally performed. Because our soldiers have been so neglected, some superficial observers have imagined the medical department to blame. The royal commissioners seemed to entertain an opposite opinion. When sick, the military is willing to turn the men over to the medical officer to cure, but his advice as to the *prevention* of disease has been uniformly disregarded. Medical officers have often remonstrated in vain. Barracks and hospitals have been erected not only without, but in direct opposition to their advice; tents have been pitched where they declared fever would ensue; all precautions have been neglected, and the tearful entreaties of the surgeons absolutely mocked! This ought not to occur again. Such an ascendant of the military over the medical authority ought to be curbed. In civil life the doctor has full authority, but the prevention of disease in the army is dependent on the caprice of the commander. When we reflect that to the medical department, as our sanitary corps, we owe the salvation of our army in the Crimea, that this is the only profession competent to teach hygiene, and that the causation and prevention of disease is its daily study, we cannot admit that any are so well fitted to direct the sanitary affairs of our army as its regularly trained medical staff.

But it is absolutely essential for the welfare of the soldier, that his medical officers should be able to carry out their views upon sanitation, and that their suggestions should not be invariably buried in a mass of foolscap.

There is another point of equal interest. As a surgeon rises in the army his duties become less and less strictly professional. The more his experience increases the less time he is employed in the treatment of disease. Now, nothing can be more unnatural than this. If returns must be made, and statistics kept by the medical department, which we believe is the case, by all means let the juniors do this duty while they are becoming acquainted with the peculiarities of military practice. The principal thing for which we pay our surgeons is their professional skill, and not to avail ourselves of this before everything is surely a sad mistake. The grand object of our army surgeons is to preserve and restore the health of our soldiers,

and in this they ought to be employed. What need is there, then, to inaugurate a separate sanitary staff. This would produce jealousy, and frustrate all hope of amelioration, while the opposite course must be successful. To the assistant-surgeons (who ought to be qualified for all kinds of civil practice) commit the minor duties of their profession, together with the statistical and other not strictly professional branches of duty ; to the full surgeon, or rather the physician-surgeon, trust the care of the sick, and the usual professional duties ; higher branches of the service would be hospital and staff appointments, and to the highest the military authorities would look for sanitary advice. Through the inferior grades these chiefs would have an eye on every division, because the former would aim, by valuable services, to hasten their promotion. It has been wisely decided for the assistant-surgeon to pass a period, after his appointment, at a military hospital. When will all medical officers receive the pay of gentlemen, and substantive rank ?—two things recommended by the same commission that advised time to be afforded them for scientific study. Truly, of recommendations we have had enough, for there seems now too great a probability that the subject will again be lost sight of. Before Lord Herbert commenced his work, a hundred pens had spoken for the soldier. Now his too brief course is run, how much nearer are we ? Commissions and sub-commissions have indeed been appointed, but these have long since finished their labours, and although we hear that every detail is decided on, there is no attempt to carry out one of them. When the disasters of the Russian War had exasperated the people, explanation was demanded. Inquiry was accordingly commenced, and cumbrous machinery for eliciting facts was set in motion, but while the result was being elaborated, apathy resumed its sway, and now, too many voices which then swelled the grand chorus of the nation's indignation are as silent as before.

Inquiry has ended, but redress is delayed, and by this delay we are sacrificing on the altar of disease, veterans who have learned to face the foe with dauntless courage, endure hardships without a murmur, bear England's banner high among the nations, and in their own blood inscribe on its folds her prowess and her power.

X. L.

ON CHOLERA.

An Account of its History, Etiology, Pathology, Prophylaxis and Treatment.

By Dr. C. C. TERRY, M.D., New York.*

HISTORY.

The literature of cholera is extensive, scattered through several centuries and many languages. Drasche gives a list of about a hundred and fifty writers, mostly German; Hirsch quotes others in English and French, and all agree that the wide and devastating spread of the disease has produced no inconsiderable amount of medical history in oriental and occidental nations. The Chinese, Hindoo, Sanscrit, and Arabian records may have mostly disappeared or become inaccessible, but there is no doubt of their former existence.

The use of the term "cholera" to designate a disease characterised by a profuse discharge *per os et anum*, diminution or complete suppression of the pulse, coldness and cyanosis of the surface, anuria and phenomena originating in disturbance of the nervous system, extends back to quite early times, and is probably derived from the Greek.

If Hippocrates believed the disease to depend upon a vitiated condition of the bile, it is easy to see the Greek derivation of the term employed in the part of his works which was written after his death; while Galen derived it from the Greek word for "intestines," because he thought the disease depended primarily upon an affection of the intestines. Aretæus, of Cappadocia, furnishes evidence that the disease was known in his time. He mentions the discharges, the cold extremities, lack of pulse, loss of speech, and anuria.

Celsus omits the rice-water discharges and the suppression of the pulse. Hesychius, and Alexander of Tralles, used the term as derived from the Greek for "gutter," on account of the copious and continuous discharge, like water pouring through a gutter, and Alexander speaks of its rapid fatality, as well as of the secondary fever in cases of longer duration. It is also to be noticed that the Greeks generally used the term in connection with another word whose sense was "disease," as the Latins add the term "morbus."

The Arabians and middle-age physicians made use of this term to denote a disease characterised by the aforementioned phenomena; but while there is so much evidence of the existence of cholera as a distinct disease of a terrible nature and widely disseminated, we look in vain for a general epidemic down to a comparatively recent date.

* From the *New York Medical Journal*.

Bontius, in 1642, described a disease apparently peculiar to Java, which has some resemblance to the pure type of cholera, but more to the tropical diarrhœa; and Jurgen Anderson spoke of cholera in Java and Sumatra, between 1644 and 1650, under the name of "white diarrhœa."

Dellon and Thevenot speak of cholera as it occurred on the peninsula of the Ganges and other parts of the East Indies in the last half of the seventeenth century, and Sydenham saw an epidemic disease resembling cholera, in London, about 1669 to 1676. But, as Hirsch remarks, the wide-spread localities without a true epidemic connection, the comparatively subordinate rôle the disease played in mortality statistics, and other etiological differences to be hereafter mentioned, draw such a broad, and often distinct dissimilarity between the recent and the older appearances of the disease, as to give some plausibility to a *specific* difference and a division into cholera nostras" and "cholera Asiatica" (or better, "Indian cholera"). In the accounts of the older physicians we do not find a clear distinction between the two forms of the disease, but in the last century physicians began to speak of points of similarity and dissimilarity between the cholera which seemed peculiar to the places where it appeared (cholera nostras) and the cholera which might be said to invade foreign territory as a spreading epidemic (cholera Asiatica, or Indian cholera)—the cholera which remained at home, and the cholera which extended abroad.

Perhaps the earliest account of Indian cholera in its native territory is the description which Sonerat gives of the epidemic appearance of the cholera in the neighbourhood of Pondicherry (1768—1771), which destroyed 60,000 people.

In 1781 the disease attacked the French army with great severity. In 1780 Folly reports it at Tranquebar, and in 1782 König calls it a "morbus periculocissimus."

There are accounts of the appearance of cholera at Madras in 1774, 1781, 1782, in the vale of Ambore in 1769 and 1783, while it was reported to have appeared in the district of Arcot in 1756, 1770, 1781, 1783, and 1787. Meanwhile it appeared at Gandjum in 1781, and then at Circas in 1790. At all these places, as the writers declare, it raged with much violence among both natives and foreigners. At Hurdwar, a much frequented resort of the religious, it appeared in April, 1783, and in the course of eight days carried off 20,000 people. Add to these dates the appearance of an epidemic in Purneah in 1816, and the reliable record of the disease in India is brought down to the memorable outbreak of 1817. If these data be examined with the closeness which existing accounts allow, it seems improbable that Orton can be correct in fixing the *focus* of cholera in the lower districts of Bengal, Travancore, and the humid regions of Malwa.

It is difficult to fix the point at which the epidemic of 1817 commenced, but the general opinion seems to be that it appeared first at Jessore, in August, 1817; nevertheless, it appeared in so many places at about the same time, and with such similarity of phenomena, that this current opinion may not be beyond question, although the general tendency of the epidemic to spread by the way of the north-western provinces, and the extensive radiation in all directions from Jessore, drew the attention of the officials to that place, and it thus deserves prominent mention.

The fact seemingly overlooked, that cholera had already appeared in the neighbouring places, affords some explanation of its rapid and broad extent, which, in the space of about a month, covered one thousand square miles, from the northern part of the mountain districts to Balassore, and from Benares to the mouth of the Ganges.

In the early part of August it appeared at Calcutta, spreading along the banks of the Ganges, Jumna, and Bramaputra. During this year (1817) it seemed confined to Bengal and its neighbourhood; and when, in the following year, it began to spread further, it took, first, a southerly and westerly direction, then a northerly, to Tirhoot, and other mountainous districts, where it reached an elevation of 4,000 feet above the sea, and even higher. In its southerly extent, along the eastern coast, it reached Madras in October, and Palamcottah in the following January (1819). Proceeding westerly, it appeared at Grudwana early in 1818, at Nagpore in May, in the early part of this month at Jauluah, and soon after in many parts of Candia, whence it spread north and north-west to Guzerate and the neighbouring districts, where it met another line of the cholera march, and passed southerly toward Bombay, where it appeared at the commencement of August; and from the Guzerate neighbourhood it passed, at the same time, to the western parts of Madras to Mysore, Hyderabad, Arcot, and other adjoining districts.

To complete the account, it is necessary to mention that the disease spread from Allahabad in March, 1818, in two directions, the one southerly, to Bundelcund and Malwa, uniting with the above-mentioned westerly line, the other passing northerly to Oude (at Lucknow in May), Delhi, Meerut, and Punjaub.

Without attempting further details of the disease in India itself, it may be well to mention that, although the disease reappeared during the following years to 1824, then occasionally until the general outbreak of 1841—46, it has not again appeared with such severity or extent as in 1817 and the subsequent two years.

In 1818 the disease spread beyond the limits of India, passing to Ceylon in December, and overspreading the most of the

island; thence an English frigate carried the disease to Mauritius and Isle of France in November, 1819, and in 1820 it extended from the Isle of France to the east coast of Africa (Zanguebar). The peninsula of Malacca was attacked in May, 1819, and the epidemic passed into Burmah and Siam, and also to the Indian Archipelago in the following year. The disease appeared here and there among the islands until 1830, and then, after an interval of twenty-three years, reappeared in Sumatra in 1853.

The cholera arrived among the Phillipines by a ship from Madras in 1820, and remained ten years, while it did not appear among the Molucca islands until 1823, according to Lesson. According to Milne, the Chinese empire was attacked in 1820, the disease appearing at Canton, Kianghi, Ningpo (in May), and at Peking in the summer of 1821. During 1821—2 it spread over most of the country. In 1827 it appeared on the Mongolian and Siberian coast, and in 1831 there was an outbreak in the coast cities of China. It reached Australia in 1832, but was limited to the neighbourhood of the Swan river.

It is necessary to go back a few years, to trace the course of the disease toward Europe. In the spring of 1821 the disease appeared on the Arabian coast, at Muscat (perhaps brought from Bombay), and rapidly extended along the coast to Mesopotamia, and then, along the Euphrates, to Bassora. About the same time it appeared on the Persian coast (Bunderabbas and Buschir), and proceeded in two ways, northwest, along the coast, toward the Euphrates, and northerly towards the interior. Caravans brought the disease to the walls of Ispahan (which was spared), to Jesd, and other places in the northern part of the country; but in these mountainous districts the disease appeared by only here and there a case. From Bassora it passed through Mesopotamia, along the Tigris, to Bagdad, and along the Euphrates to Anna. From Bagdad it was carried by Persian troops to the northwestern part of Persia, in the fall of 1821. During the cold season there was an intermission, but in the following year (1822) it reappeared, spreading from Mosul northerly to Kurdistan, and westerly to Mordin, Diabekir, Nursa, Bera and Syria, where it reached Aleppo in December; but it soon disappeared in this direction. At the same time the disease reappeared in Persia, spreading north-westerly to Tauris (August, 1822), and thence to Ghilan and neighbouring districts. Here, too, its duration was short. But in the spring of 1823, and while reappearing in the districts just mentioned, it made its first appearance in Europe (the disease noticed by Sydenham being undoubtedly other than cholera), by extending from Persia, along the Caspian Sea, to Russia. In 1827, the disease passed from Lahore, by caravans, to Kabul, Balkh and

Bokharah ; in the following year (1828) it spread from China to the Kirgis tribes, and by caravans to Orenburg (August 1829). Again, in 1829, it reappeared in Persia, in the fall at Teheran, and in the next year travelled to Astrachan. Thence it spread along the Volga and the coasts of the Caspian Sea, to the mouth of the Ural, and then along the Caucasian line to the Cossacks. By the end of 1831 a large part of Russia was overspread. Petersburg was attacked in June, 1831, and Oral and Archangel at about the same time. During the same year the delta of the Nile was visited by an epidemic, which commenced at Cairo, and spread up the Thebes and down to Alexandria, being carried to Tunis by pilgrims. From Russia the disease came into Germany by three ways. 1st, One route was through Poland, Posen, Bromberg, Schlesien along the Oder to Mark and Pomerania, Hamburg, Holstein and Hanover, where Lüneburg was the only city visited. From Hamburg it was carried to Bremen, in October, 1834. The Rhine provinces suffered severely in 1832-3, the disease apparently coming to them by the way of Holland. In Hamburg the disease remained from 1831 to 1835. 2nd, in May, 1831, ships brought the disease from Russia to Dantzic, whence it spread to Königsburg, and westerly into Cöslin. At the same time it passed over the confines of East Prussia to Gumbinnen. 3rd, it extended from Russia to Austria (1831), in Hungary in June, and soon it spread over the whole land. The British Isles were reached in the fall of 1831. In October the disease appeared in Sunderland, brought thither by a ship from Hamburg. Newcastle and Gateshead were soon attacked, and the disease crossed the Scottish border, appearing on the Tyne (Haddington), in December. In January it appeared at Musselburgh, in February at Edinburgh, in March at Glasgow. In the middle of March it reached Belfast, and at the end of the month appeared in Dublin.

At that time Graves remarked the preference which the disease showed for the highways of communication, and for the coast and banks of rivers, mountainous regions being singularly exempt from the disease.

In the meantime there was an epidemic in France. About the middle of March the disease appeared almost simultaneously at Calais and Paris, and from these points spread so rapidly that during April and May the greater part of northern France was attacked, and by the middle of June it had invaded most of the southern departments also.

Of the eighty-six departments of France, fifty-one were infected, the mountainous districts of the southern and eastern departments being the parts least attacked. In the spring of 1833 the disease reappeared in several of the northern and north-eastern departments, but its spread was quite limited. From France

the disease crossed to Belgium in May, 1832, appearing first at Courtray, and thence spreading to Ghent and Brussels, appearing at Luxenburg at the commencement of July, at Antwerp by the middle of July, and before the first of August had spread over the greater part of the country. About the middle of July, 1832, the disease appeared at the Hague and Rotterdam; but from what point the disease was brought to Holland is not quite clear, since there was a simultaneous epidemic in France, Belgium, and the British coast. North Holland (especially Amsterdam), North Brabant, South Holland (especially the Hague), Friesland, Groningen, and Drenthe were visited by the disease, but its spread was quite limited. Denmark remained free from the disease, but a few local epidemics occurred in Norway in the fall of 1832, and again in 1833. In August, 1834, Norway suffered more more severely, and in the same year Sweden was visited. Before the disease reached South-western Europe it appeared in the western hemisphere, brought to Canada by Irish emigrants, in June, 1832. Thence the disease spread along the St. Lawrence and its tributaries, along the banks of Lake Ontario, spreading over the two Canadas. From Canada the disease was brought to Detroit. At about the same time the disease was brought to New York directly from Europe by emigrants. In July it was at Philadelphia; in August it spread through Maryland, and by the first of September had appeared in Kentucky. Thence it spread along the water-routes Ohio, Indiana and Illinois; but it did not extend widely or attack the people violently. In October, 1832, it appeared in New Orleans, rapidly spreading along the Mississippi to the adjoining states. During the winter the disease seemed entirely absent, but in the following summer it reappeared with considerable severity in the Middle and Western States, extending through Indian Territory and beyond the Rocky Mountains to the coast of the Pacific. The Eastern States were visited in 1834, and the disease passed then to Nova Scotia. It appeared in Mexico in the spring of 1833. In the same year the cholera visited the West Indian Islands; Guiana, Brazil, and the Western States of South America were infected in 1835, and it is reported at Nicaragua in 1837.

We must now turn to Europe, and consider the disease as it appeared in the south-western countries.

In January 1833, an English ship brought the disease into the Duero river, and the first places attacked in Portugal were Fort St. Isao de Foz and Oporto. Cholera appeared soon after at Coimbra and Galicia; in February at Aveiro, and at the commencement of April at Lisbon. The disease appeared in Spain in August, 1833, spreading over Andalusia, Estremadura, Sevilla, and a few points in South-western Spain; Cadiz, Malaga,

and Madrid were attacked. In the following year (1834) the northern and eastern parts of Spain became the focus of a new epidemic, which spread over a large part of Europe. December, 1834, the disease was carried from Catalonia to Marseilles. It spread over several neighbouring districts, but mostly disappeared until March, 1835, when it took a fresh start, passing through the southern part of France, and reach Piedmont in the summer. Thence it passed, in two directions, from Nizza to Tuscany, along the Ligurian coast and over the Maritime Alps to the upper regions of the Po. Lombardy was visited this year, and Venice the next (1836); in November, Padua, Vicenza, and Verona. In March, 1836, the disease appeared after the winter repose, attacked most of the places where it was the former year, and so on spread over Italy. It was at Naples in October, and was at Sicily in the following January, 1837. It appeared in Switzerland in July, 1836, but was confined to the districts of Mendrisia and Lugano. From Venetia it passed over the southern boundaries of Austria and spread again over Germany. From Roveredo it appeared in German Tyrol. Trieste was attacked in March, 1837, and the disease now spread along the principal lines of communications about Vienna, appearing in the city in April, spreading to Hungary (where it was quite limited), and thence Galicia. In August it was carried from Tyrol to Bavaria; in October it appeared at Munich, but disappeared with the commencement of December. From Galicia it extended through Poland to West Prussia, on the one hand, and to Schlesien on the other, so at the end of June the disease was in the district of Marienwerder, in July at Danzig, end of July at Breslau, commencement of August at Königsberg, middle of August at Gumbinnen, and a little later at Berlin. Later in the fall the disease disappeared in these regions. In 1835 the disease reappeared on the Arabian coast, was carried thence to the east coast of Africa, extended to Egypt (where it remained two years), thence south to Nubia, Senna, Cordofan, and Darfur, west to Tunis, Tripoli, (and perhaps to Algiers), to Abyssinia; but Combes and Tarnasier think it came to Abyssinia from the Galla countries.

With the close of the year 1837 commenced a short interval of repose before the next general epidemic.

(To be continued.)

CASE OF OBESITY IN A GIRL AGED SEVEN AND A HALF YEARS.

By E. C. GARLAND, M.R.C.S., &c.

Hon. Surgeon to the Yeovil Dispensary and District Hospital ; formerly
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THE accompanying engraving from a photograph is a very good representation of the subject of this paper. The following is a brief history of the child.



Mary Jane Jeans, æt. seven and a half years, is the fourth child of a family of five. Born at West Coker, Somersetshire. Father, æt. forty years, five feet ten inches high, is a butcher. Mother, æt. thirty-three, five feet four inches high, is a glove maker ; both are healthy and of the average dimensions.

The parents being in humble circumstances the child had to “rough it,” being fed chiefly on bread and cheese, onion, &c., and

she takes very little malt liquor. She likes bacon, but not very fond of greens or sweet articles of food ; rarely eats animal food ; her appetite is not inordinate ; her intellect is excessively good, although not precocious she is very intelligent, goes on errands to the various shops for her mother, and rarely makes any mistakes in her purchases ; she appears healthy never requiring medical aid. When born she was of an average size ; she was suckled for fifteen months. When four years old began to get fat, and has gradually increased in size to her present state. The other children of the family are healthy and present nothing unusual in their formation.

Her weight and dimensions are as follows.

*Weight 85 lbs.	
Height	42 inches.
Girth of Chest	33 "
" Abdomen	20 "
" Thigh	13 "
" Arm (upper)	13 "
" Face	22 "
" Head	21 "
From ear to ear across frontal bone	13½ "
Length of arm from shoulder to tip of finger	18 "

Her back along the spine is rather hairy, but there is no hirsute development on other parts of the body where it might be expected to be found. I have examined the urine and find it normal.

The point of interest will be to decide the cause of this perversion of nutrition, more especially as all the functions are apparently performed naturally. There is certainly no evidence of the child taking any undue amount of non-nitrogenous food, *ergo* it would be an interesting physiological fact to be able to determine the cause of such a freak of nature.

I have this day weighed a small child of about the same age.—

Her weight is	45 lbs.
Height	41½ inches.

I intend keeping my eye upon the case, and in the event of death shall obtain a *port-mortem* the result of which would be interesting.

*A year ago she weighed 70 lbs. therefore she has increased 15 in twelve months.

REVIEWS AND NOTICES OF BOOKS.

On Diseases of the Veins, Hæmorrhoidal Tumours, and other Affections of the Rectum. 2nd Edition, (entirely re-written). By HENRY LEE, F.R.C.S., 8vo, pp. 190. London: John Churchill and Sons.

THIS work forms a complete guide to these painful and irritating affections. The first part consists of a well-written, concise, and practical treatise on "Diseases of the Veins." The second part is an essay on "Affections of the Rectum." These two classes of disease naturally associate themselves in the consideration of hæmorrhoidal tumours. We need scarcely remind our readers that the first edition of the *Diseases of the Veins* formed the Jacksonian Prize essay for the year 1849.

As Mr. Henry Lee justly remarks, diseases of arteries rivet the attention of the entire profession. Hæmorrhage from a wounded artery is a startling thing that frightens a patient, and non-professional bystanders, and the application of a tourniquet on the ligature of the bleeding end, by instantly stopping the flow of blood, appears a marvellous instance of a surgeons' skill.

The slow, insidious affections of the veins are passed by, by both students and practitioners, although they are so common and cause so much suffering. Varicose veins, hæmorrhoidal tumours, fistulæ, prolapsus, and the like are not unworthy of a surgeon's best attention. This fact no one better understands than the general practitioners of the kingdom.

Mr. Henry Lee has devoted much patient labour and an untiring energy to a subject which will not bring an applauding crowd of students around him, but which will do an incalculable amount of good to a suffering public. The silent, secret, and deadly work that the processes consequent upon diseases of the veins make upon the constitution, are well known to those members of our profession whose aim is the healing of disease, and not simply the establishment of an ephemeral reputation. One of Mr. Henry Lee's principal objects is to show how by judicious means the system may be saved from the dangerous train of symptoms which follow the disintegration, decomposition, and removal of blood clots in living animals. Mr. Henry Lee does not content himself with theories and with abstract opinions and general ideas. He has been determined to form a really useful vade mecum on these very common but too much neglected diseases, and he has eminently succeeded. And with this view he has brought a mass of practical matter into his

book, which is a model of careful case taking with condensed treatment with the various reasons for his practice. He thus takes the reader to the bedside of his patient, and points out with practised skill the various points of interest.

The best thing for a patient to do who has any such affection would be to consult Mr. Henry Lee; and the next best thing would be to read his excellent list of careful cases. Mr. Henry Lee's style is easy, and reminds us forcibly of Sir Astley Cooper, one of the chief beauties of whose lectures consisted in that great surgeon and lecturer illustrating by cases the surgical opinions and treatment that he propounded. We regret that we cannot give long extracts from Mr. Henry Lee's work; but we have pleasure in picking out one case as an example of his eminently practical style. This case we know our subscribers will gladly read. Our readers will observe that Mr. Henry Lee is an advocate of the actual cautery in proper cases. There are no proofs so strong as recorded successful cases; and to the best of our judgment Mr. Henry Lee can certainly be pronounced most successful with his cases. Dr. Richardson's ingenious method of producing local anæsthesia is doubtless a boon to operators who practise in this field of surgery; and a nervous patient need have no fears even of the dreaded "actual cautery."

CASE IX.—J. W. came a second time under the author's care at King's College on the 30th of January, 1854. Six years previously, he found that he habitually lost a considerable quantity of blood when at stool, and for three or four years he had suffered from occasional prolapsus of the bowel. Soon after this symptom had appeared, he applied at the hospital, but there were then general considerations which induced me to recommend him not to have anything done to the piles. After this, he went to America, and returned in very good general health. The bleeding had now entirely subsided, but the inconvenience attending the prolapsus still continued.

Upon examination, an oval, red, solid tumour, irregular upon its surface, and about the size of a large strawberry, was seen projecting from between some thickened and hypertrophied folds of mucous membrane. The parts presented little sensibility to the touch, and were not disposed to bleed. Whenever the tumour descended, it caused a dull heavy pain, occasionally, as he expressed it, of a "dragging" character.

On the 1st of February, the oval tumour was seized with a clamp, and removed. The cut surface was immediately touched with the actual cautery. Portions of the hypertrophied mucous membrane on each side were treated in the same way. Upon removing the clamp, the hæmorrhage had entirely ceased. *The patient being deaf, and having his face averted during the operation, was not aware that the actual cautery had been applied.* He complained of the pain caused by the removal of the tumours, but was not conscious of anything else. He walked home, and was desired to keep still during the remainder of the day.

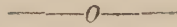
Feb. 3rd.—He said he was a great deal better. He experienced slight shooting pain now and then in the part, and felt a little sore when he walked. There was no fever; he felt quite well in himself; and his appetite was 'first rate.' Some folds of the thickened mucous membrane around the anus, which were not removed, had assumed a healthy appearance.

Feb. 6th.—He came regularly to the hospital as an out-patient, without inconvenience.

Feb. 8th.—He had suffered some pain on account of the action of purgative medicine. There was now no discharge from the bowel, and no prolapse upon going to the water-closet. The folds of thickened mucous membrane which were left had become generally reduced in size, and the whole surface was assuming its natural healthy appearance. The wounds left, in consequence of the removal of the lower folds of thickened mucous membrane, were much smaller, but not yet healed.

Feb. 10th.—In his own words, the patient felt “very well indeed;” he “walked more than twenty miles” on the previous day, to “Hounslow and back.” There was no pain but slight itching. Upon examination, the little wounds were not quite healed, but looking quite healthy.

This mode of operating, the author has now put in practice a considerable number of times in the treatment of hæmorrhoidal and other kinds of tumours. It possesses the great advantage of allowing the surgeon at once to remove any part that he may wish, and of enabling him at the same time completely to control the hæmorrhage. It also furnishes him with the means with certainty of preventing the occurrence of bleeding after the operation. The difficulty of accomplishing this, as is well known, has prevented surgeons of employing excision of late years for the cure of hæmorrhoids. M. Dupuytren, who advocated excision in these cases, on account of the pain and inconvenience attending the usual mode of operation, nevertheless confesses that hæmorrhage to a serious extent occurred in two-fifths of the cases upon which he operated, and in which no means had been taken to prevent subsequent bleeding. By the means now recommended, the great and only objection to the excision of hæmorrhoidal tumours is removed. In the cases upon which the author has operated, he has found occasionally that some hæmorrhage has continued after the cut surface had been touched with the nitric acid; but in no case has there been the least inconvenience from this source where the actual cautery had been employed.



Transactions of the Obstetrical Society of London. Vol. vii., 8vo.
Pp. 335. Longmans, Green, and Co. 1866.

(Concluded).

PERHAPS there are no Transactions that are read more eagerly by the working members of our profession than the practical and well condensed epitomes of serious cases contained in these transactions. Obstetric practice is the leading branch of business among the great body of medical men in the kingdom, and many are the curious, difficult, and instructive cases that happen yearly in many out-of-the-way villages and little towns in the United Kingdom. But a tithe of the gross amount is set forth in these transactions, and yet this large book is brim full of cases uncommon in their nature, and difficult of treatment, and trying to the nerve and skill of the medical attendant.

The annual address of Dr. Oldham, at the close of the session 1865-66, on his retirement from the office of President is interesting as showing the progressive nature of the Society, and

as bringing forward some points of extreme practical value which are so important that we give place to the learned retiring President himself, who says:—

The contributions to the Society have rarely been more useful than when dealing with subjects which have had the fixedness of tradition. It was a bold innovation on the part of one of our Honorary Secretaries to question the advantage of supporting the perinæum in the second stage of labour. This time last year I ventured to disturb some of the time-worn precepts for the management of the puerperal state, every one of which will bear reconstruction; and, indeed, it may generally be said that a revision of old questions by the aid of new discoveries will often end in some practical modification of them. There are several such subjects which we may hope to have before us; but no one, perhaps, more demanding a careful and ample treatment than the influence of ergot of rye upon the mother and child in parturition, and as a uterine excitant in some of the functional and organic diseases of the uterus. I am tempted also to advert to another subject, which affects us more, perhaps, as obstetric practitioners than in our corporate capacity. I refer to nurses for the lying-in-room and for the diseases of women. I forbear to indulge in the merriment of describing the traditionary monthly nurse; but we yet find common enough the old characteristics of a former fertility, with its concomitant experiences; and, as a preliminary to the office, a worn-out body and half-drivelling mind. But, in truth, we are behind the medical and surgical branches of the profession in the prevailing quality of these assistants. Several well-conducted and flourishing institutions have sprung up to their aid, while we depend almost exclusively upon ourselves, and have our individual following. This may answer very well for some of us; but it is notoriously insufficient as regards the great body of practioners and the greater wants of patients. The amount of misery and injury which is inflicted on lying-in women by ignorant nurses is deplorable, and may well stir the sympathy of us all. The time is now ripe for us to strive for something better, and to encourage institutions like those to which I have referred. The pursuit itself is too congenial to a woman's nature to fail to be attractive, and I do not think it would be long, were access to it made clear and easy, before a superior class of women would select it as a vocation and for a livelihood. I do not doubt that if from the first, candidates were placed under the discipline of a well-ordered institution—that age, health, fitness, and respectability were carefully tested—that they were efficiently trained at the public hospital—that a fixed remuneration was assured to them—that such an institution would not only be a success, but that nurses so prepared would be a vast protection and comfort to a large class of lying-in-women; that they would be of great use to the profession—that obstetric practice would be improved by them, and the obstetric practitioner released from an anomalous, and too frequently a humiliating influence. What, too can be more absurd, as a traditional custom, which still lingers in the land, than to summon a jury of matrons to determine on the existence of pregnancy as a bar to execution? The Society might, I think very well, on the first opportunity, endeavour to move the legislature to alter this, and refer such cases for the future to obstetric practitioners.

The incoming President, for the year 1866-67, is Dr. Robert Barnes, whose inaugural address is worthy of attention chiefly with reference to two points—first, that the mode now adopted for the instruction of students—viz., the “domiciliary succour,” as he expresses it, is preferable to the Continental hospital system. It is certainly a great boon to poor married women to

be attended gratuitously at their homes, but we consider that if they were obliged to make a temporary sojourn at a lying-in hospital *in all cases of gratuitous service*, they would soon find means to pay for the much preferable "domiciliary succour," as expressed by Dr. Barnes. There cannot be a question as to which is the most pleasant to the female. We know that the upper classes of society would soon leave off employing doctors if a residence in an hospital followed as a consequence of medical assistance. But the upper classes obviate all this by paying for the luxury of having the skill and kindness of the obstetrician, but if married women in a lower rank of life are to be attended at their homes gratuitously, it is a simple method of picking the pocket of the general practitioner, for it is not in human nature to pay for anything that can be got for nothing. The poorer classes are usually lavish and thoughtless, and no class of people are fleeced more readily and more systematically out of their just earnings than the working members of our profession by the working classes. We think, therefore, that Dr. Barnes ought not to advocate a system which places no check upon self-indulgence at the cost of others. We admit, with Dr. Barnes, that "domiciliary succour" is much nicer and more comfortable for the female, but we cannot in conscience admit that it is preferable for the student of Obstetrics. Students are likewise of our opinion. It is a pity that a powerful society should advocate gratuitous domiciliary succour as a rule. As an exception, we will not deny that it might occasionally prove beneficial. We see no reason why a working man, who pays for his beer and tobacco, should not pay the modest fee of the medical practitioner who is often (the difference of position being taken into account) worse off than the working man who is receiving his charity.

The next proposal of Dr. Barnes is not one of any great moment, but it is a pleasing one for all that. He proposes, in the second place, that there should be a photographic album at the Obstetrical Society with the photographs of its members. Our readers will not object this point, and we commend it to the attention of those who are Fellows of the Society. For the gratification of those readers who are not Fellows of the Society, and who do not, therefore, receive the "Transactions," we append a case of interest culled from the mass of information which the large volume contains. We trust that the Society may continue to add to its numbers, for it is only by the cordial co-operation of such societies that the truth is eliminated, and that our struggling body can be raised to its proper dignity and a financial soundness which it now lacks so sadly :—

Mrs. A. W., æt forty-five, keeps a small shop and mangle, came into the Sheffield Hospital for Women, suffering from an ovarian tumour. She

had been married twice, and has two children. The eldest is now twenty-five and the youngest twenty-two. Her second marriage took place in February, 1864. Her general appearance and complexion are good. There are, however, a few small boils on the abdomen, and slight œdema of the ankles.

The measurements are—1. Girth at the umbilical level, forty-one inches. 2. From ensiform cartilage to umbilicus, nine inches. 3. From umbilicus to symphysis pubis, nine inches. 4. From right anterior superior spine of ilium to umbilicus, nine and a half inches. 5. From left ditto to umbilicus, nine inches.

There is too much distension to make out whether adhesions exist or not. Fluctuation is very distinct. The uterus is pushed over to the left side, and can only be moved slightly. The length of its cavity is three and a half inches. The catamenia appears every three weeks, but the discharge is small in quantity. It was entirely suppressed for three months in 1864. Finding herself getting stouter, the patient then thought she might be pregnant; but as it hurt “her belly to lift,” she concluded something must be wrong, and sent for her medical man, Mr. Parker, who diagnosed ovarian tumour. From that time to the present she has continued to increase in size. Her breathing is very laboured, and accompanied by troublesome cough. She sleeps on her right side, but is most comfortable when sitting nearly upright.

August 3rd, 1865, with full consent of the patient, the operation was performed. Drs. Jackson and Keeling and Messrs. Gillott and Sharp were present, and rendered valuable assistance. An incision was made between the umbilicus and the pubis, five inches long, commencing an inch below the umbilicus. As soon as the cyst was reached it was tapped, and the fluid withdrawn without passing the hand into the abdomen. No adhesions existing, the sac was drawn out easily. The pedicle, which was short and about four inches broad, was transfixed with a needle carrying a double thread. The two ends of each ligature were then brought up together on either side, and drawn through two iron-wire coils. Each coil had, fitted upon its end, a cross-bar, and round these cross-bars the ligatures were secured after they had been drawn sufficiently tight to compress the vessels. The pedicle was then placed in the hook of my polyptrite and crushed through. As there was no hæmorrhage it was returned at once *in situ*, and the wound closed with iron-wire sutures. The heads of the two coil-clamps were left protruding from the lower angle of the incision.

The tumour consisted of five cysts, communicating with one another, and of a colloid mass about the size of the placenta. The cyst contained twenty-one pints of fluid.

August 4th.—Patient comfortable. Has taken food well. Pulse 84. No abdominal tenderness.

5th.—Has pain caused by flatulence. Pulse 80. The ligatures were unwrapped from the cross-bars, the coils removed and the ligatures drawn out.

6th.—The wound is healed with the exception of a small aperture the size of a quill, through which the coils passed. The sutures were removed, and plaster put on instead. Pulse 85.

8th.—Has had a feverish attack, followed by an eruption which extends over the forehead, arms, chest, and abdomen. She is restless and uneasy. Pulse 95.

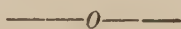
10th.—Eruption fading. Pulse 80. The slight discharge which has continually escaped from the small opening has ceased.

From this time the patient had not an unfavourable symptom, and after two or three weeks of good living, she was discharged cured.

October 23rd.—The patient walked to the hospital this morning, a dis-

tance of two miles, and says she is able to attend to her shop, and now and then to take a turn at the mangle.

The coil-clamp will probably be found most useful in cases where the pedicle is short, as by its use all dragging may be avoided. In the foregoing case two clamps were used. One would, probably, have been quite sufficient. They may be obtained from Messrs. Hutchinson, Duke street, Sheffield.



The Archives of Dentistry. Edited by Edwin Truman, Dentist to Her Majesty's Household. Vol. I. 8vo, Pp. 368. With numerous plates. London: John Churchill and Sons.

The Archives of Dentistry were commenced under excellent auspices and by an able editor, in March, 1864, and the large book before us is the first volume of a year's monthly parts. The importance of an organ of opinion for the great body of surgeon-dentists of the kingdom cannot be over-rated. The medical profession has been twitted by the *Times* and the public to show some practical results, and real benefits to humanity, from its boasted march of science. Surgery has done much, but medicine, when we except the glorious use of chloroform, can show but little to be proud of. It is different in dentistry. No art and no science has made greater progress than dentistry, and it is evident from the excellent scientific articles in the book before us that dental surgeons are second to none in research and in literary talent. Surgeons have emerged from the shop of the barber, and the dentists of the present day have emerged from the ignorance and quackery of a former time. Many scientific medical men have contributed to the pages of these "Archives," and Dr. Lionel Beale, among others, has some more elaborate than practical papers on the development and structure of teeth.

Like a salmon among the minnows of scientific dentistry, he airs his knowledge in a somewhat confident and self-sufficient manner, but he is ably met by a physician of no less eminence than himself, who has thought it worthy of his great talent to become a practical dentist and a professor of dentistry at Guy's Hospital. S. J. A. Salter, M.B., London, F.R.S., Surgeon Dentist to Guy's Hospital, writes a paper on some points in the "Anatomy and Physiology of the Dentinal Tubes," in which he points out that Dr. Lionel Smith Beale is scarcely conversant with the whole literature of tooth anatomy. The physiology of the dentinal tubes is the point at issue, and the Professor of King's College, on whom the mantle of Todd and Bowman fell, thus pungently dismisses the opinions of others.—

"The existence of Mr. Tomes's 'dentinal fibrils' has been disputed and denied, although they can be seen in any recent tooth, if the observer knows

how to demonstrate them, and possesses ordinary patience. These solid fibrils will, nevertheless, by some be maintained to be soft *tubes* for the transmission of the supposed nutritious fluid; for it is not a little remarkable how very pertinaciously many minds will hold to a fanciful hypothesis long after it has been shown to be utterly inconsistent with easily demonstrable facts. It will, probably, be long before the nutrient-juice-conveying-tube doctrine will be finally abandoned."

Mr. Hyde Salter, on the other hand, says—

Now, with the exception of the last sentence, I dispute every proposition implied by this passage.

First, Mr. Tomes was not the original discoverer of those organs which he calls "dentinal fibrils."

Secondly, I believe that these organs are not *solid fibrils*, but are *tubes*.

Thirdly, the doctrine of a circulation of nutrient fluid in the dentinal canals is not a "fanciful hypothesis," but a logical induction, based on the most cogent physiological facts, which, as I think, are otherwise inexplicable.

But to Dr. Beale's closing remark—that "it will, probably, be long before the nutrient-juice-conveying-tube doctrine will be finally abandoned"—I give my complete adhesion; and I am so satisfied of the truth of that doctrine, and of my friend's candour, that I believe he himself will ultimately adopt that view.

Mr. Hyde Salter conclusively proves his case, and we think that Dr. Lionel Beale when he again enters the lists will take care to be master of his subject. Dentistry may be a specialty in London, but in the provinces the general practitioners are bound to be expert in the details of the art. They would do well, therefore, to consult these "Archives" which contain papers both practical and scientific.

—o—

On Inhalation, as a means of Local Treatment of the Organs of Respiration by Atomised Fluids and Gases. By HERMANN BEIGEL, M.D. London: Hardwicke.

SINCE 1858, when Sales-Giron laid before the French Academy of Medicine the results of his attempts to apply to the air passages remedies in the form of a finely attenuated spray, the subject has continued to grow in interest. Unfortunately for the English inquirer, the majority of the animated discussions of the Academy are so mixed up with questions relating to the virtues of French mineral waters, as greatly to distract attention. This therapeutical method has, however, recently made such progress as to make a scientific work on the subject particularly welcome, and to those who have not yet prescribed this form of local treatment or perceived the papers that have appeared upon it in the medical periodicals, the volume before us will prove most useful, containing, as it does, a *resumé* of the

uses of inhalation, illustrated by cases from the author's experience.

Dr. Hermann Beigel's name will be familiar to our readers from the useful contributions he has published in the *MEDICAL MIRROR* and other professional journals. In German medical literature he has also established reputation. This volume will be accepted as the record of an industrious practitioner's experience of the use of pulverised fluids in diseases of the respiratory organs.

We are happy to commend it as a complete summary of the present state of this department of therapeutics.

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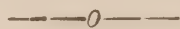
Clinical Memoirs on the Diseases of Women. By M. Gustave Bernutz, Physician to La Pitié, and M. Ernest Goupil, late Physician to the Bureau Central, translated and edited by ALFRED MEADOWS, M.D., Lond., Physician to the Hospital for Women, &c., &c. Published for the New Sydenham Society by H. K. Lewis, 136 Gower Street, London. 1866. Vol. I, now ready. Pp. 276.

The New Sydenham Society goes on in its flourishing career and opens up to the working medical men of the kingdom an opportunity for obtaining, at a reasonable rate, those works which for a long time were only obtainable at the large libraries collected in the towns. By the courtesy of Mr. H. K. Lewis an early copy of the first volume, of this very able treatise on the diseases of women, has been laid on the editorial table of the *MEDICAL MIRROR*, and although time does not permit of a lengthened review, we think it only right to our subscribers that we should give a few concise remarks concerning a work of so much importance. Our readers will understand the labour which has devolved upon Dr. Meadows, when we tell them that the original French edition of this work occupies two volumes of closely printed matter, extending to more than 1,300 pages. The council of the Sydenham Society decided that in the English version a condensation should be made. Those members of our profession whose engagements are too numerous to permit of any lengthened reading will be pleased with Dr. Meadows' excellent rendering of the original. Nothing of practical importance has been omitted, and, instead of losing by the translation, the wholesome necessary shortening has added life and pith to the work. The diseases of women offer a considerable field to the sensational writer, but in the work before us there is no attempt at this unworthy system. It is one of the most painstaking, careful, exhaustive, and practical treatises

that has ever yet appeared, and any general practitioner who is anxious to obtain a true knowledge, and not a mere smattering of these diseases, will consult without delay this neat volume. At no distant date the second volume is expected. Even a superficial reader cannot fail to see that the translation of such a work is no light matter, and it is a well known fact that to condense the views and opinions of others is a more serious task, to an editor and translator, than the writing of an original work. Dr. Meadows' labour will be warmly appreciated by the members of the New Sydenham Society. We will now proceed to give a short memorandum of the contents of this exhaustive treatise. Part I., of the first volume, speaks of the large and varied subject of *Menstrual Retention*. Part II. speaks of *Peri-uterine Hæmatocele*. Part III. comprises *Intra-Pelvic Hæmorrhage occurring in Extra-uterine Pregnancies*. This closes volume the first. Part I. is divided into many chapters, and it comprises every possible cause of Menstrual Retention, winding up with the symptoms, diagnosis, and treatment of each separate phase of disease, Part II. is equally well arranged in headings; also concluding with the symptoms, diagnosis, and treatment. Part III. is equally lucidly put together.

A good arrangement is perfectly invaluable to practical, working members of the medical profession, for without loss of time any point can be quickly referred to. There are hosts of writers on special subjects, but all do not attend to simplicity of system. We can only inform them that where business-like arrangement does not exist, but where readers are left to flounder in a sea of print, their views are often lost, by being left un-read.

These *Clinical Memoirs on the Diseases of Women* are a bright example of business-like arrangement, and they show well that exhaustive science is no barrier to systematic labour.



The True and False Sciences, A Letter on Homœopathy. 8vo.
Pp. 40. London: John Churchill and Sons. 1866.

WE have all heard the squeak of the violins before a concert, and we have been bored by violent exercises on the scales prior to the tuneful portion of the melody commencing, and we have seen the feints and sparring of the boxers prior to the real business of the encounter. This anonymous writer prior to entering on the subject of homœopathy, which, according to his preface and title, is his chief reason for appearing in print at all, thinks it necessary to aid his knowledge and sharpen his wit by defining the various natural sciences and the various conditions of the body.

All good workmen examine their tools prior to action or to labour, and this author carefully prepares the stones that he is about to sling at homœopathy.

Health is first defined. Then *Disease* is taken up. *Medicine, Remedies, Physiology, Pathology, Therapeutics, Astronomy, Physics, Chemistry, Phychology, Sociology, Geology, Theology, &c.* A very pretty little collection of names. Had the anonymous author defined the alphabet before commencing his essay, it would have made his sermon complete.

On the title page we have three verses, as follows, from the thirteenth chapter of the Apostle Paul's First Epistle to the Corinthian's :—"10th. When that which is perfect is come, then that which is part shall be done away. 11th. When I was a child I spoke as a child, I understood as a child, but when I became a man I put away childish things. 12th. For now we see through a glass darkly ; but then face to face."

A judiciously selected text often conveys the key-note of a volume and forms an eloquent epitome of the whole.

We cannot, however, see that the author of this letter on homœopathy has got hold of suitable texts for his effusion. We are unable to gather from his text whether the writer is a child or a man, and the letter itself offers no clue. We are also liable to make mistakes as to whether the verse "When that which is perfect is come," &c., is intended for the author's opinion of his own work, or whether, with more modesty, but, perhaps, at the same time, with more truth, the last verse, "For now we see through a glass darkly," &c., in his candid opinion of the character of his letter. When we come to the sentence, "And now my letter is done, and you cannot be more glad of that fact than I am, for if the reading has tired my patience much, the writing has tired mine more," we were, as the author expects, unfeignedly thankful. It was rather too bad to find a peroration still before us, and a Greek quotation to be stumbled over. The author, however, with kind compassion, gives the Latin version also. Our only astonishment is that he did not render it into all the modern languages, for, when one does write a book as a popular guide to one's own accumulated knowledge, it is scarcely fair that modern languages should be omitted.

We think that the author is correct in disclaiming any expectation that his letter will "extinguish homœopathy."

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books in his own language, but the papers of both French and Germans; and, if he has not exhausted the literature of the subjects on which he writes, we cannot but make allowances when we see him including in the term "sore throat" such diseases as diphtheria, croup and thrush. Dr. James was one of the first to use an instrument for examining the throat by reflected light, the principle of which has just been adopted with so much success in the examination of diseases of the eye. The laryngoscope is evidently an instrument deserving the attention of medical practitioners in examining diseases, more particularly of the larynx. As a good epitome of diseases of the throat, we commend Dr. James's unpretending volume."—*Athenæum*.

"This is a neat compendious treatise, intended as a professional manual in a class of complaints of every-day occurrence, but which are none the less dangerous if not taken timously in hand, as the heading, "neglected sore throat," on the Registrar's Returns too plainly indicates. As to instrumental diagnosis, we confess to having a decided objection to its being made a prominent feature of treatment, as there seems to be a tendency to do on the part of certain of the profession. Dr. James, we are glad to perceive, protests against its being "supposed that the mere possession of the laryngoscope will enable any one to read off morbid changes." (P. 30.) In the appendix will be found cited several highly-interesting cases of sympathetic irritation, consequent on laryngeal attacks apparently of a slight nature."—*Oriental Budget*.

"Medical books scarcely come within our province, but, as sore throat is proverbially a disease to which preachers are liable, it does not seem out of place for us to call attention to this volume, written by a very intelligent and practical physician. The subject is treated especially in relation to such diseases as are common to public speakers, and the instructions which the book gives or suggests are likely to prove of real value to our ministerial brethren. We cordially recommend this valuable treatise."—*Evangelical Magazine*.

"We must refer the reader to the work itself, from which we have derived many valuable hints."—*London Medical Review*.

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THE CLIMATE OF SAN REMO

AND OTHER WINTER STATIONS OF

THE MEDITERRANEAN,

INCLUDING

NICE, MENTONE, CANNES, AND HYERES.

THE first of these pamphlets on our list contains three articles contributed to the MEDICAL MIRROR by Dr. James in the early part of this year, under the title of "THE CLIMATE OF SAN REMO." In its present form it has been largely amplified by the author, who has introduced a considerable amount of additional and important matter. The work contains a full account of San Remo and its neighbourhood, together with statistical and other information, showing its climate as contrasted with that of Nice, and the other health-resorts named in the title. Dr. James also details his experience of San Remo during the winter of 1863-64, and by aiming at truthfulness rather than effect, he avoids the enthusiastic and sometimes false eulogy so common to works on climate.

We regret that we cannot speak in any degree favourably of the pamphlet by Dr. Daubeny, which appears, from beginning to end, to be nothing else than a plagiarism of Dr. James's papers, originally published in this journal. The title which he has adopted is precisely the same as that employed by Dr. James in his contributions to the MEDICAL MIRROR. Dr. Daubeny's pamphlet contains only ten pages of original matter apart from the tables of statistics, and nearly the whole of these are apparently taken from Dr. James, although without the slightest acknowledgment.

The meteorological tables drawn up by Signor Giordano, of San Remo, giving observations of the temperature, &c., during the years 1817 and 1820, the hottest and coldest years at that place during this century, were never printed until they were translated for this journal by Dr. James. Those of our readers who are familiar with the Italian language will understand how difficult it is to render many idiomatic expressions accurately into English, and will know that it is impossible for two separate translators to give the same Italian sentence in identical English phraseology; yet Dr. Daubeny has accomplished the impossible feat of translating Giordano's tables and remarks, word for word, the same as Dr. James! Would it not rather be more reasonable to assume that he has availed himself of Dr. James's translation, as it appeared in the MEDICAL MIRROR, without acknowledging the source whence it was derived? The three following specimens, taken at hap-hazard, must suffice to show the singularly exact manner in which Dr. Daubeny's translation (?) resembles that of Dr. James in the MEDICAL MIRROR:—" *Giorni di pioggia*" (literally "days of rain"), has for precision's sake been rendered by Dr. James into "days on which rain fell." " *Vi ebbe qualche lieva pioggia*" (there was some slight rain), has been given by Dr. James as "one or two slight showers." Again, " *Agli 11 molto neve sino alla marina*," is translated by Dr. James as "snow on the 11th down to the sea-shore." In each case, Dr. Daubeny employs exactly the same phrases as those used by Dr. James.

Dr. Daubeny, in another part of his pamphlet, publishes in full some meteorological statistics, which were recorded by the late Dr. McKinnell, during the years 1863 and 1864, but he fails to mention by whom they were made, leaving the reader to infer, of course, that they are the result of his own observation. Upon turning to Dr. James's work we find the same tables, accompanied by a proper acknowledgment in the preface, of their having been made by the late Dr. McKinnell, and copied from a register lent to Dr. James by Mr. W. B. Aspinall, a friend of the deceased, for the purpose of making extracts from them. We have no hesitation in advancing the opinion that the tables published by Dr. Daubeny in such a manner as to imply that they are his own, are, in reality, Dr. McKinnell's; and if any confirmation were required of this fact, beyond that afforded by the tables themselves, Dr. Daubeny furnishes it by a remark, (page 9) in which he accidentally allows the statement to escape, that he spent at Nice the winter in which the observations referred to were recorded, so that he must have been indebted to some one else for the tables, although he himself ignores that circumstance.

Some other tables contained in both Dr. James's and Dr. Daubeny's pamphlets embody the observations made by Professor Goiran at the Lyceum early in the present year. These originally appeared in the journal " *San Remo*," too late for Dr. James to give them in his contributions to the MEDICAL MIRROR; but that author has taken the trouble to translate them into English, and thus give them complete, with other additional matter in his pamphlet. Dr. Daubeny, whose knowledge of Italian seems to fail him when he has not Dr. James to guide him (as in the translation of tables published by Dr. James in this journal), reprints Professor Goiran's tables in Italian, omitting the two important columns in which the relative humidity of the atmosphere and the *maximum* and *minimum* points of temperature are recorded. He also omits the foot-notes, in which the amount of rain-fall is stated. Dr. Daubeny does not even appear to be sufficiently acquainted with Italian to be able to distinguish the singular from the plural number of Italian nouns; for in the reprint of Goiran's table he has allowed the word *mesi* (months) to do duty four times out of seven for the word *mese* (month), and the use of the English word "continued," placed under the Italian heading of each page of the tables, tends still further to strengthen the suspicion that his claims to a knowledge of the Italian language are of no high order.

We had intended to reproduce some parallel passages showing the extent to which Dr. James has been laid under contribution without acknowledgment by Dr. Daubeny, but space will not admit of our doing so. We have, however, said enough to show the unfair manner in which Dr. James has been plagiarised, and we should have been wanting in our duty as reviewers had we omitted to have done so.—*Medical Mirror*.

The department of Medical Literature, to which this monograph belongs, is one to which the circumstances and habits of English life are annually giving additional importance. The old immobility of our countrymen has disappeared, and almost every year we take in a wider portion of the earth for the satisfaction of our wants, whether as pleasure tourists, sportsmen, or invalids. Dr. James's little work deals with the requirements of the valetudinarian, and the various capacity of the beautiful little towns of the Mediterranean to meet them. The winter stations of that inland sea lie between Marseilles and Genoa, and agree in belonging to the excitant division of climates, the only difference being those of intensity. It is very remarkable that the discovery of the capabilities of the district bordering on the Cornice road has only been made of late years. The only places in that neighbourhood mentioned by Sir James Clark in his work on climate, published in 1842, are Nice, Villafranca, and San Remo. Full, exact, and trustworthy descriptions of such resorts are most valuable, but unfortunately many of those that are best known owe their notoriety to the personal reasons which their authors have for blazoning their merits and concealing their defects. They write with a bias in favour of particular places, and their pamphlets are really advertisements in disguise. Dr. Prosser James, as a physician in actual practice in London, is exempt from influences of this order, and compares the tonic winter climates of the Mediterranean, for the purpose of defining the position of San Remo among them, with the utmost freedom and impartiality. His estimate is based on professional observations, made during a tour of the Mediterranean in 1862-3, a winter residence at San Remo in the following year, and meteorological and other registers, both public and private. In the selection of a winter residence it is not enough to consider latitude or average temperature. Configuration as determining the amount of protection from pernicious winds afforded by mountains is of more importance. Hyères, in Provence, is the most southerly point of the coast between Toulon and Genoa; but from a deficiency of protection on one side it is ravaged by the mistral in the first three months of the year. At Cannes cold winds prevail during the same months, less from a deficiency on either side than from a receding of the Estrelles from the shore a distance of seven or eight miles. On the other hand, a place may be so sheltered from winds as to cut it off from the means of ventilation. This is the case at the best sheltered part of Mentone, where the houses are built under an almost perpendicular cliff. San Remo is very favourably situated in this respect. That old-fashioned Italian city is built upon the summit and southern side of a hill rising like a somewhat triangular pyramid, and receding gradually from the shore. The modern part of the town is built upon the sea level, and principally along the course of the Cornice-road, which here follows the course of the bay. The sea rolls due south, to the north the sub-Apennine mountains extend their chain, on the west the lofty Cape of San Remo juts far out into the sea, and serves as a barrier against western winds, while the less lofty Cape Verde forms a similar protection and boundary on the east. Thus, as Dr. Prosser James observes:—

* * * * *

We cannot follow Dr. James in his very careful examination of the sources of the specific advantages of San Remo as a winter residence, or his discriminating comparison of it with Nice, Mentone, Cannes, and Hyères. He has a very high opinion of the place as suited to a certain large class of cases, but he is also careful to point out the features which disqualify it from being useful in others. After a charming description of the situation and climate of San Remo, he observes:—

* * * * *

We have much pleasure in introducing Dr. James's little volume to public notice; it will prove very valuable to persons desirous of learning the merits of the various stations of the Mediterranean, and may with advantage be taken as a model in the class of literature to which it belongs.—*Daily News*.

LONDON :

JOHN CHURCHILL & SONS, New Burlington Street, W.

A Visit to Vichy, comprising a Sketch of the Mineral Springs and Thermal Establishment, with a Notice of the Vichy Waters, Salts, and Lozenges. By M. PROSSER JAMES, M.D., Senior Physician to the City Dispensary, &c., &c. 8vo. Pp. 50. London : Williams and Co. 1866.

IN those bulwarks of professional literature—our *vade mecums*—we are usually given a list of watering places, and of mineral springs. The various diseases that are supposed to benefit by their use are also stated, but beyond the name of the place and an analysis of the waters, which after all gives no very precise notion of anything whatever, as all analyses look remarkably similar, and are remarkably dry reading, the upshot simply is that doctors, when questioned by anxious patients regarding the health-resort prescribed, find to their dismay and annoyance that they have really no information to offer to the intending traveller. Dr. Prosser James, who is an accomplished traveller and scholar, as well as a sound physician, has come to the rescue of medical men and their patients by giving an interesting and instructive account of his professional sojourn at Vichy. He has introduced all the analyses, and the various technicalities that are essential for the prescribing physician, while at the same time he has not thought it unworthy of his professional ability to enter into those details that are so pleasant to anxious invalids. He is aware of the discomfort which travelling occasions to the sick, and he tries to smooth their journey by judicious remarks as to the mode of transit. Many physicians are too much wrapped up in their theories and in science to descend to any details. These gentlemen are usually not the most eminent in the profession, although they would fain be thought so. Every medical man should have Dr. James's pamphlet on his consulting-room table, and no patient should start on the journey to Vichy without one of these excellent guides, to help to wile away the tedium of the journey. We would fain have reproduced the whole pamphlet, but as our space will not permit of this, we will content ourselves with extracting that portion which refers more particularly to the springs :—

On my return this spring from the Riviera, beneath whose smiling sky I had spent the winter, I made a little *détour* in order to spend a few days at Vichy and try the effect of its mineral baths on a little patient under my care. There is a rather round a bout railway communication between Lyons and Vichy, so that it was only a little out of our way on the journey from Marseilles to Paris—a circumstance which might be taken advantage of by those invalid travellers to whom a stay at Vichy would be likely to prove beneficial either before or after a winter in Southern Europe. The railway from Lyons passes through an interesting district. At St. Etienne and for a long way round, coals exist, so that the traveller may fancy himself in a

black country, on a small scale ; after traversing this, the line crosses a lovely plain, the scenery of which bears considerable resemblance to that of many an English landscape. In the distance, even in summer, every here and there, snow-fringed mountain tops may be descried mingling with the clouds and constituting an agreeable variation in the scene.

During what is called *the Season*, that is from the 15th of May to the end of October, an express train runs daily between Lyons and Vichy. My visit being paid just before the season had commenced, I could not avail myself of this. We were consequently the whole day—about ten hours—on the road, for in spite of the praises which have been lavished on the administration of French railways, I would from considerable experience advise no one to expect punctuality except in express trains. The ordinary trains are very slow, continually stopping, and I have invariably found them behind time. The only advantage I have observed is that the second-class carriages are equal to the first on most of our lines. Those who are willing to pay a first-class fare, would always do well to travel by express, (there are no second-class carriages on express trains), and in a long journey this is the most economical plan as double the distance can be done in the day. A new line will shortly be opened which will greatly reduce the distance between Lyons and Vichy, making the deviation so slight that numbers of our countrymen will probably avail themselves of the route.

On arrival at Vichy in the evening, we made direct for the "Grand Hôtel du Parc," which had been recommended to our notice, and where, from experience, I can advise the traveller to make his stay. After a moderate delay, we were supplied with one of the best meals we had ever obtained in a French hotel, and this fact will bear some significance to those who, like the writer have not unfrequently found it difficult to obtain any refreshment on reaching after the *Table d'hôte* hour, some of the more pretentious and frequented hotels in France. After a good night's rest in clean and comfortable beds, we rose next morning ready to explore the place, and put in practice the treatment I had proposed for the little invalid of the party.

In front of the hotel is the Park of the Thermal Establishment one side of which is seen on the left of our balcony. This park, though small, is very thickly planted with trees, so that it always offers a shady walk. Behind the hotel are the Imperial gardens—a new park as it were, planted with flowers and shrubs of many varieties and great beauty, winding among which flows the river Allier, quiet and calm enough now, though, not long ago this fickle stream swelled forth in more majestic mood, and inundated the fair valley with its waters. Since then a dam has been constructed, and a portion of the stream carried in another channel, which adds considerable beauty to the gardens, and will, it is hoped, avert all future danger. It will be seen that the "Hotel du Parc" is well situated for salubrity and convenience. It is close to the Thermal Establishment—the centre, around which all the life of Vichy revolves—and yet being between two fine open spaces the air is fresher than in more confined localities. As to terms I found them moderate. In the height of the season the apartments are of course more expensive ; indeed, rooms are only to be obtained by taking them in advance. Several Cabinet ministers have staid at the hotel during the residence of the Court at Vichy, and I am informed that the Emperor has attended some of the entertainments given in the large room devoted to music and dancing. It is but fair to add that there are numerous other hotels in equal repute, as well as plenty of smaller or less pretentious ones. In fact, as in every place where the season is all in all, hotels, boarding houses, houses and apartments to let, are to be met with in every direction.

Vichy has long been renowned for the hot springs of mineral water to which it owes all its prosperity, and on which is founded its magnificent bathing establishment. No hesitation, then, as to where to pay our first visit. As soon as we had breakfasted we crossed the corner of the park

and entered the building. It is quadrangular in form—this side being supported on pillars—above which the twenty windows of the upper story look upon the narrower end of the park. Passing beneath the central columns, and ascending a couple of steps, we entered the picture gallery, nearly 250 feet long, forming a sort of transept to the building, of which it occupies the whole length. Its walls are covered with paintings, and it is always open to the public. Left and right extend long corridors as far as the other end of the building, and, on each side of these corridors, the doors of the small bathing rooms are seen, each with its number, and above each the bell which summonses the attendant. At the other end of the picture gallery, and at right angles with it, forming what may be considered the front of the building is the “gallery of the springs”—a sort of portico supported on columns—where at intervals, for free consumption, are some of the mineral waters. They are conducted thither in tubes direct from the earth; around the orifice of each is a basin, so that they have all the appearance of fountains. Glasses, as well as girls in attendance to wash them and fill them fresh for each person inclined to drink, are also provided free of expense. Turning to the right, on issuing from the picture gallery, and passing to the end of the corridor, we reach, in the corner, the principal spring of Vichy, called *Grand Grille*, on account of a large iron fence with which it was at one period surrounded. There is nothing particularly striking in it, a large fountain-basin as it were, in the centre of which, water—and that not very clear—is bubbling up. There is, however, a perceptible warmth, as of vapour, in the atmosphere around. Touching the waste water in the basin it is warm. Stretching forth the ladle that lies for use—but stay, a brisk maid puts forth her hand to do it for you, with her “Veuillez boire, Monsieur, Madame,” fills, with this long ladle, a tumbler, and presents it to you with a smile. You taste. It is hot, soapy, at first nauseous, but the taste is soon acquired. Observe, that this young woman takes special care to fill the glass from the very centre of the bubbling stream, so that you may take the medicine just as it comes from the bowels of mother earth, before it has had time to change in temperature or any other quality. Though paid by the company, the visitor, who spends a season and drinks the water daily—and some take many glasses a day—usually presents on leaving, a *souvenir* in the shape of a coin to the girl at the spring from which he drinks. She is also permitted, for those who desire it, to sell tumblers graduated for measuring the exact dose, and keeps them on separate pegs exclusively for the purchaser’s use.

Glancing at the people as they crowd after each other to take their draughts, the reputation of this spring is stamped upon the countenances of its patrons, and the same mark is equally applicable to the other springs. The *Grand Grille* is strongly recommended for chronic diseases of the liver, spleen, pancreas, and other abdominal viscera; and here the really ill as distinguished from the mere idlers and pleasure-seekers are of the various shades of pale, sallow or yellow, combined with the peculiar physiognomy mostly apparent in patients whose ailments are referable to the organs of this great cavity.

At the opposite end of the gallery is the spring called *Mesdames*, presenting many points of contrast. It is nearly cold instead of hot; it does not come up in nearly such large quantity. The actual spring is not immediately underneath, but at a considerable distance—the water being brought hither in tubes. The centre of the font, as well as the ladle, are coated with a precipitate of iron. At the invitation of the presiding nymph, taste, and you will find a cool inky draught in place of the former hot, soapy one. Then the faces of the devotees at this shrine wear altogether a different aspect. It is as a chalybeate that it is most sought; not that the water does not contain the same alkali, but, in consequence of the iron found in it, the medicinal virtue of this metal is superadded. In

place of the middle-aged, worn-out, sallow-yellow face of abdominal organic mischief, we accordingly meet here the fragile frame of anæmia and protracted convalescence; young girls, growing too fast, or whose blood-making powers are inferior to the demand made upon them.

Between these two—say about the middle of the gallery, is another spring, named *Chomel*, after the physician who discovered it, and first described its peculiarities. This water is warm, and its taste more simply sodaic. It is destitute of any chalybeate or other peculiar ingredient, and those for whom it is mostly prescribed do not carry their maladies so distinctly in their countenances. It is celebrated for certain disorders of the stomach, and is said to agree when none of the other waters can be taken, so that it is often recommended in cases of doubt, or where there seems some slight contra-indication to the treatment. We observe also that this spring is not a fountain. In place of the basin, here is a small pump by which the water is raised as required to this elevation, but which as soon as you approach a girl in charge begins to work, so that she may offer you a glass pure and fresh from the depth of the well below.

The above are the only springs in this gallery—the others are more distant. It will, however, be convenient to name the principal ones in this place. There is one in the middle of the Park called *Source du Parc*. Its characteristic ingredient is a minute portion of sulphuretted hydrogen, imparting to it a mild flavour of rotten eggs—just as if a dash of Harrowgate water had been mixed with one of the Vichy springs.

Farther off, on the opposite side of the Park, through which we may walk to it, is the hospital spring, in the centre of an open space, called the “Place Rosalie,” and in front of the hospital of the town. It is in great repute for certain very chronic derangements of the chylopoietic viscera in nervous or delicate patients, and is said to be more easily assimilated than the Grande Grille. The class of persons frequenting it varies much from those named above. On the steps leading up to the cupola, which protects it, you encounter the most elaborate toilettes of the fair sex, the faces of men stamped with the wear and tear of town life, and the exhaustion of pleasure-seeking and fashion, as well as numerous tourists and idlers sipping the water as a part of their natural employment while staying at Vichy while here and there, care or hard brain-work seems to have driven the patient to this remedy. At this spring the Emperor mostly drank, and, of course the Court followed suite; it is probably the most popular of all at the present day—unless the *Célestins*, should still bear off the palm. It may be worthy of note here, that on the surface of the large basin which surrounds this fountain, a quantity of green scum is particularly observable—only confervæ, such as would be seen on any water, says one—a substance altogether different, and only to be met with in the hospital spring of Vichy, say others. We need not stay to enter into any controversy—which is already sufficiently embittered. Let the *Savans* of Vichy decide the point—being on the spot and possessing the needful data.

Walking still further away from the establishment, almost the same distance as already traversed, we shall come to the two springs named *Célestins*, after the monks of that order, in whose grounds they were situated serving as a great attraction to their monastery, the ruins of which still remain. The *Célestins*, perhaps, are the most celebrated of all the springs of Vichy; they are cold, highly charged with gas and salines, and quite agreeable to the taste; to drink them is something like taking a bottle of soda water. They have been used by some in the greatest excess, the number of tumblers consumed daily by enthusiastic patrons being almost incredible. At present this folly is abating. Vichy water is a potent remedy, and an abuse of it likely to lead to serious consequences. The *Célestins* are mostly recommended for gout and diseases of the kidneys and bladder, are very efficacious in some forms of gravel, and have been

tried with success in albuminuria and diabetes. This water is said to be endowed with stimulant qualities, and Dr. Durand Fardel relates a case in which he thought it produced a sort of intoxication. The confirmed toper would however, probably be very slightly inebriated by the largest doses, and even the most susceptible victim of hysteria, or the most excitable of nervous invalids need not fear to taste it. Perhaps the monks selected the spot for their monastery from a profound respect for the quality of the water—an explanation this, too, of the obstinate battles waged in the middle ages for possession of this building—situate as it was in the midst of a country producing wine of no great strength or bouquet. It almost belongs to the propriety of things, that the gardens in which it is placed should now be the *rendezvous* of the gouty, and other elderly free-living gentlemen, who here congregate and partake this substitute for fine “old crusted port.” These devotees are accommodated also with a sheltered divan, where they may rest, read the paper, take their coffee and cigar and talk over their progress and the virtues of the water with their fellow worshippers. The view from the grounds and the situation altogether is one of the most picturesque in the neighbourhood, and the enormous rock, whence flows the stream, is an interesting subject of geological speculation.

Close by is another spring—the *Lardy*. There are also several others, the property of the company which leases the whole from the crown but which need not be enumerated here, as well as some of smaller importance belonging to private individuals.

A FEVER DEN AT A POLICE COURT.—We have been compelled, in performance of our public duty, to censure the condition of our police courts in our columns. Bad ventilation and drainage under the very nose of the law, shows a wanton recklessness of life on the part of the Home Department, which the public must see into. In corroboration of the views as to the unhealthy condition of some courts, and their adjoining offices, we extract the following from the *Evening Standard*, of the 26th June:—
 “MARYLEBONE.—Yesterday there were sixty-four charges at this court, comprising crime of all sorts, but principally drunkenness and disorderly conduct. Out of this number many convictions occurred, and those convicted were conveyed to the cells. These cells were four in number, three being for males, and one for females. Each cell is about six feet by four, badly ventilated, and a water closet in each. Into these receptacles were crowded a great number yesterday, and from their mess and foul breath the stench was unbearable. As the prisoners were brought out to be led up to the van, some of them seemed quite faint and exhausted. This could easily be remedied, as there is a large unused waiting-room at the rear, into which the associates of the thieves and prostitutes get and make most filthy messes. This could, at a very little cost, be converted into lock-ups for the males, leaving the one now in use for the females. Independent of the above charges there were several prisoners in the cells waiting to undergo their examination on remand. Another nuisance in connection with the cells is a grating outside the court, which was intended as a means of ventilation, but which, instead, affords a most excellent medium of communication between the prisoners and their companions.”

MEDICAL OPINION,

THE *British Medical Journal*, during June, has given itself up to cholera literature. It is a staunch advocate of the eliminative treatment of cholera, and it defends Dr. G. Johnson's ideas, and the practice he has founded upon them, in the warmest manner. In fact, did we not know that Dr. G. Johnson is *not* the editor of the "British Medical Journal" we should have imagined, from the excessive zeal of the editorial department over the elimination treatment that no less a person than George Johnson in *propria persona* was its editor. We have heard of a duck with one egg and we have now found a journal with one subject. We cannot help thinking that this constant cholera wrangle must be sickening to subscribers. Subscribers to the "British Medical Journal" if fond of variety of subjects must feel inclined to start "elimination" by eliminating the "British Medical Journal" from their library tables. It is right enough that the association Journal should stand up for the theory and treatment of one of its association members but let others have a chance with some other hobby. However scientific Dr. G. Johnson's theory, and whether the *stagnation of blood* in cholera (which is doubtless present), is dependent on spasm of the little branches of the pulmonary arteries or not, his treatment cannot be considered to show any peculiar depth of thought or to betray any peculiar ingenuity. His treatment consists of "mild purgatives, emetics, and copious draughts of warm water." We wish every success to Dr. George Johnson and his treatment, but we cannot help thinking the hackneyed proverb, "Great cry and little wool," somewhat neatly sums up his cholera views. Dr. George Johnson's "Notes on Cholera" were favoured by receiving a long notice in the *Times*, and his book, which was also sent to the MEDICAL MIRROR for review, has naturally proved a success as regards the sale. Whether it will convert the profession is quite another matter, but if the "British Medical Journal" continues to hammer away on the same tack, the profession will perhaps eventually capitulate from sheer inability to continue the subject. The healing power of Nature has always a finger in the pie whatever treatment is adopted, and Nature in cholera seeks to establish reaction as the secondary fever shows. The likeness between the collapse of cholera and the cold stage of ague is remarkable. Both diseases have a cold, a hot, and a sweating stage, and both are dependent on stagnation of blood. Prostration of the nervous system which controls the circulation is one cause. There is no doubt that the cholera poison acts directly on the nervous system. Dr. G. Johnson admits a poison which he calls a blood-poison. He thinks Nature tries to eliminate this poison by vomiting and purging only. How, then, does Dr. G. Johnson account for cases that recover without either purging or vomiting? If the poison is in the blood, how can a purging, that doesn't purge away all the blood, "eliminate" all the poison? If the poison is in the blood, purging is a roundabout mode of elimination. Why should not some direct influence on the blood be used? If the minute branches of the pulmonary artery are in a state of spasm, does George Johnson not think that inhalation might prove of service? Dr. George Johnson is a well known physician, and he is a clever man who well deserves that the mantle of Sir Thomas Watson should have fallen upon him; but because one clever physician chooses to ride a purgative hobby, it is no reason why the entire profession should do the same. Great men can have foibles but rubbishy little men must be careful.

The *Medical Press and Circular* certainly bears off the palm among the weekly medical journals for excellence of leading articles. It has a capital article on Medical Education and the Medical Council in one of its June numbers. It points out that under the present system, the medical corporations rule the profession instead of the profession ruling the corporations. This is the natural consequence of the composition of the Medical Council. We shall never do much good until the working members of the medical profession are represented at the Medical Council. At present all these schemes for making examinations more serious are caused simply by the jealousy of one corporation of another. The *Medical Press and Circular* has the following :—

“Still we cannot but regret that the College of Physicians (of London) has been so pressed by necessity as to give up by degrees its former high standard of scholarly acquirements, and to float so readily with the stream of some modern opinions as almost to drop its classical pretensions altogether. The College of Physicians instead of being what it once was, the *facile princeps* of all British Medical Institutions is now obliged to take its chance with the rest and join in the general scuffle for medical candidates.”

We must say that the *Medical Press and Circular* has hit the right nail on the head in this paragraph. It doesn't do for the Medical Council to be too hypercritical with their *hosts*. We all know that the Royal College of Physicians is in a nice, central and fashionable locality, and that for the representatives of the corporation in their mimic parliament the rooms at the Royal College of Physicians are capital as a temporary residence. The Medical Council does not say anything about the ingenious bye-law of the London College of Physicians which is framed so as to permit *Registered* practitioners, with a simple diploma, to come up to a “MODIFIED” examination. They are still strict in their admission of *Members* of the College, but any amount of Licentiates are admitted through the easy portals of the College, through a special loophole given to *Registered* practitioners. It has been the silly fashion to run down the Apothecaries' Company, but the honest examination for the excellent qualification of the Apothecaries' Company gives their licence a value which is more than double that of the license of the College of Physicians, which is bartered for fifteen guineas and a “MODIFIED” Examination to *registered* medical practitioners. The M.R.C.S. and the L.S.A. still continue to be, as they always have been, the best working diplomas obtainable in London, and we trust that the sound common sense for which general practitioners are so famous, will guide them in the selection for their sons of the soundest qualifications, and that they may not be led away by the specious humbug of new-fangled diplomas manufactured to replenish an empty exchequer. What with the struggles of our colleges for students, and then the struggles of the corporations for examination fees, it is difficult for our friends in the more remote provinces to arrive at any settled conclusions. We take this opportunity of informing our subscribers that we shall have great pleasure in giving our best opinion in either a private or public letter of the actual condition of any college that they may wish to hear about. We will take the trouble to inspect any college or hospital named by a subscriber and will report thereon. We are well aware of the anxiety and thought that medical practitioners devote to the selection of a proper school of medicine for their sons, and among the flaming advertisements it is certainly difficult to judge. We are well aware of one thing: it is this :—We can expect no amelioration of our condition or of the condition of our corporations and our schools, until the Medical Council shall have its proper complement of the representatives of the great working members of our struggling profession. And these working members who are the bone and sinew of the profession are the *General Practitioners of the Kingdom*. The time has come for the general practitioner to assert himself.

He has been trampled on by superfine physicians and by so-called "pure" surgeons long enough. The general practitioners of the Kingdom have the advantage of numerical strength and it only remains for them to *use their power*. Let them come forth and do battle with monopolies and with wrong doing, and a happy time will arrive for the emancipated sons of toil! The future of the medical profession is obscure, and it is only the strong will and honesty of purpose of the great body of general practitioners, that can offer any security for a prosperous issue.

The *Glasgow Medical Journal* has some excellent professional articles, not the least interesting of which is a case of spontaneous rupture of the uterus during labour communicated by Dr. Alexander R. Simpson. This gentleman has the able assistance of Dr. Smith of Ibroxholm in the very interesting but sad case under notice. A rupture of the uterus would appear to have taken place prior even to the calling of the already engaged medical attendant, and although Dr. Alexander R. Simpson and Dr. Smith did all that was possible a fatal termination ensued. The child had escaped into the peritoneal cavity and gastrotomy was carefully and properly performed. The unfortunate lady was already the mother of seven children, and had had several miscarriages prior to this last and fatal delivery. The astonishing fact about the case was the remarkably slight disturbance that the ruptured uterus occasioned in the system. This want of vital force after the operation hindered all efforts at repair. She died sixty hours after the operation of gastrotomy. The tissues had undergone very extensive fatty degeneration. The facts under notice shew that Dr. Simpson is a prompt and able physician, while the case itself is a model of simple and effective writing. Nothing is more instructive than well reported cases. One of the great beauties of the reported case before us is its graphic simplicity. It is free from absurd wordiness and from medical technicalities. It is plain narrative of facts as reflected on the mirror of Dr. Simpson's mind. The *Glasgow Medical Journal* cannot fail to be a much read Magazine if such instructive cases so ably narrated continue to be the leading feature, as at present. In the above case the child's life was not saved, and Dr. Simpson thus candidly owns: "Had the nature of the case been at the first so obvious as to have led to the immediate extraction of the child through the abdominal walls, one life at least would probably have been saved." Failure is thus often the sure foundation of a future grand success.

The *Edinburgh Medical Journal* keeps up its high standard of excellence by good original articles by celebrated men, and by a very considerable number of careful Reviews. Dr. Warburton Begbie contributes an essay of high character on the operation of PARACENTESIS THORACIS. It is treated by this able physician in his usual exhaustive, learned, but yet eminently practical manner. Our only regret is, that the high price of two shillings should keep this high class *Edinburgh Journal* beyond the reach of the great bulk of the not over-wealthy general practitioners of the United Kingdom.

The last number of the *New York Medical Journal* is singularly full of matter. We have extracted two articles of transcendent merit, which we know will be most acceptable to our friends in the provinces, where public medical libraries and reading rooms are few.

From the *New York Medical Record* we extract Dr. Marsden's views on Cholera and Quarantine.—

"Dr. Marsden, of Quebec, according to previous appointment, made some remarks upon cholera. He commenced by stating his belief in the com-

municability of cholera, and the efficiency of a rigid quarantine. He had witnessed the first case that occurred on the American continent, and since that time had given much attention to the study of the disease. He was now convinced that every case of cholera could be traced to infection, and that the proper soil for the propagation of the disease was to be found in filth and the neglect of the ordinary sanitary precautions. He believed that all clothing from patients suffering from the disease should be destroyed, and thus be prevented from spreading the disease. He believed that isolation would prevent the appearance of the disease in any community, and related an instance in point which had made such a strong impression upon him that he was caused to think first of his plan of quarantine. It seems that a schoolmistress, in a locality where cholera threatened to make its appearance, consulted the doctor on the best course to pursue. He advised her, as soon as the disease should appear, to isolate the school from the rest of the town, by closing her gates and doors. This was done, and not a single case of cholera occurred within the walls."

The *Pharmaceutical Journal* keeps up its excellent reputation and is as usual full of interesting matter. The following extract from a speech at the twenty-fifth anniversary of the society shows how deep an interest its members take in the proper education of the rising generation of pharmaceutical chemists.

"Mr. Deane said that as Mr. Smith had mentioned his name he wished to make a few observations upon the education of youth. He concurred in what Mr. Smith had said on that matter. He had always held that one of the greatest misfortunes which they had to deal with was that the greater number of their pupils was drafted from those who were not sufficiently educated: not that they wanted ability, but that their parents and guardians had omitted to give them a sufficient education to prepare them for the responsible position of becoming dispensers of drugs. He would, therefore, urge on every one to reject apprentices who were not sufficiently well educated, by doing which, they would ensure the ability of the parents or guardians to meet the necessary expenses of the pupils in acquiring a proper knowledge of the profession. He thought the present arrangements gave to the London chemists every facility for the attendance of their pupils; and he was happy to say the council had adopted what he had for a long time urged, the affording every facility to students so that they might attend even for a few hours as best suited their convenience. There was now no reason why every apprentice or an assistant, if he required it, should not attend the laboratory and the lectures. He would instance the case of his own son. He was able to leave Clapham and attend the laboratory and the lectures; and he was satisfied that so far from being a loser by the apparent loss of the two days a week, he was a gainer, because he had obtained a far greater amount of practical knowledge than he could have obtained behind the counter, even if he had been allowed to make private experiments with his (Mr. Deane's) assistance. His son, from the knowledge he had obtained at the Institution, was enabled to analyse any thing according to the process of Pharmacopœia as correctly as he could. He mentioned it not in praise of himself or his son, but to show what facilities for improvement were offered by the Society."

The *Medical Times and Gazette* shows a desire to keep up with the times and on the whole, it may perhaps be considered a more scientific organ than the *Lancet*. We extract their review on the 1st volume of the new system of Medicine by Dr. Reynolds. It gives a very fair outline of the work. The thermometer in diagnosis is another extract from this journal.

"The object proposed to himself by the Editor of the 'System of Medicine' is to present within as small a compass as is consistent with its practical utility, such an account of all that constitutes both the natural

history of disease and the science of pathology as shall be of service in either preventing the occurrence or detecting the presence and guiding the treatment of special forms of illness." This further explanation is needed, because if any one thinks that he will find in this work a digest of all that is known and all that has been written, or even of all the most important contributions which the labours of the last quarter of a century only have made to our acquaintance with morbid states of the human body, he will be greatly disappointed. In saying this, we are not disparaging in any way either the scheme of Dr. Reynolds or the execution of the volume before us. A 'System of Medicine,' except in the limited sense defined by the editor, this work is not: it is not intended so to be. But it is clear on looking through the articles that considerable latitude has been allowed to the various contributors in this respect. It has been left to each apparently to settle for himself what in his special subject is of practical utility and what is not. We do not see exactly how it could have been otherwise arranged. Dr. Reynolds must have had a very difficult task, on the one hand to avoid the undue extension of his project, and on the other its being dwarfed within too restricted a compass. We can thoroughly appreciate, and we would make every allowance for this difficulty—we think our readers and the Profession at large will do the same; but the result is that the articles are unequal in value, because unequal in comprehensiveness. Still, there are articles in this volume (and we may say with truth that the majority are of this character) that leave nothing to be desired in this respect. Having made these preliminary general observations, we proceed to point out how the present volume is made up.

"The volume opens with an 'Introduction' by the Editor, and this is followed by a series of articles or essays upon the several diseases entering into Dr. Reynolds' first great group of diseases—viz., "Those in which the whole organism appears primarily and prominently deranged." His second great group—"Those in which special organs or system of organs are in like manner affected," will be discussed hereafter.

"We must of course pay our first compliment to the Editor, and we do so by making a pretty long extract from his introductory essay, and transcribing almost in full his philosophical defence of the term "functional diseases." He tells us very truly that it has of late years been much the fashion to object to any such phrase, but, on the other hand, the following three classes of facts have to be remembered:—

"1st. That there are some structural alterations—such, for example, as atheroma in the vessels, which may, if an individual has been killed by an accident, be found extensively distributed throughout the body—the existence of which had neither been known nor suspected by the presentation of any functional change or symptom during life. On the other hand, a man may have suffered for many years from discomfort or marked derangement of the functions of the brain, heart or lungs, and yet the most practical anatomist, with all means and appliances to help him may fail to discover, *post-mortem*, any organic change which is sufficient to have accounted for them. 2nd. Another class of facts, constantly lost sight of by those who deny the existence of functional disease, is to be found in the relations between structure and function in health. At the end of a day's work, and after a night's repose, we might find the two extreme conditions of the organism as regards function. For twelve hours, every muscle, nerve, and organ has been doing its utmost, and, as we know, has been wearing out; during the hours of sleep, many organs have been doing little, and some nothing; whereas others have, as it seems, to work on without repose; but in all repair has been going on. By an examination of the body killed suddenly at the end of one or the other of these periods, it might be possible to infer which had been the condition immediately preceding death. But this inference would be based upon the relation exhibited between the *products*

of functional activity, such as the nature, quantity, and quality of the secretions in their several receptacles, and the *raw materials* upon which the organs have to work, such as the nature, quantity, and quality of the chyle, lymph, and blood. It would not be formed upon regard directed only to the condition of organs which had been either in activity or repose. . . . 3rd. A third class of facts to be remembered is, that in many diseases the only symptoms to be recognised are changes in the degree of activity with which certain organs perform their functions. No new element is introduced by some diseases into the category of vital actions; such affections as cholera, hysteria, epilepsy, might be shown to consist of mere modifications in the degree, time of occurrence, and combinations of functions, each of which taken *per se* is consistent with health. The sudden loss of consciousness in epilepsy, for example, is not more mysterious than is the sudden but every-day-recurring passage from wakefulness to sleep; the arrested respiration is similar in kind to that seen when the chest is fixed in the performance of any great muscular exertion involving the upper limbs; and still more similar to that which can scarcely be called morbid, the prolonged apnoea of a screaming child, whether the scream be the expression of terror, temper, or pain; the convulsive movements are neither more nor less than nerve and muscular functions, any of which might separately, and many of which might in combination be the expression of healthy vital activity. From these three classes of facts, therefore, we are compelled to admit that in the present state of science, the *onus probandi* lies with those who assert the constant presence of structural in association with functional changes; and we affirm that those who make the assertion have never proved their point. . . . We do not believe that there is any altered function without a correlated change in the nutrition of the organ; but what we assert is that such change, as a matter of fact, is of such kind as to be undiscoverable by our senses, and as a matter of inference, from what we know of the relation between nutrition and function, is of such a nature that it may always be beyond the reach of observation.”—P. 4.

We congratulate Dr. Reynold's on the selection of his coadjutors. Dr. Parkes writes the article upon Influenza, Dr. W. C. Maclean those on Malarial Fevers and Dysentery, Dr. Goodeve those on Diarrhoea and Epidemic Cholera, Dr. Bristowe that upon Pyæmia, Dr. Sidney Ringer contributes the articles upon Parotitis, Measles, Sudamina, and Miliaria, Mr. William Squire the articles upon Croup and upon Diphtheria, Dr. Edward Smith that upon Whooping Cough, Mr. Jonathan Hutchinson the article upon Constitutional Syphilis, Dr. Gavin Milroy that upon Plague, Dr. Gee the articles upon Scarlet Fever and Chicken-Pox, Dr. Aitken those upon Ague and Rickets, Dr. Hermann Beigel the article upon Roseola, Mr. Marson that upon Small-pox, Dr. Seaton the essay upon Vaccination, Dr. Geo. Buchanan writes upon Typhus, and Dr. Harley upon Enteric Fever. The article Relapsing Fever is written by Dr. Begbie, that on Yellow Fever by Mr. J. D. Macdonald; Dr. Reynolds himself takes the article upon Erysipelas, while those upon Glanders and Hydrophobia are contributed by Mr. John Gamgee and Dr. Arthur Gamgee. The article on Scurvy is from the pen of Dr. Buzzard, that on Purpura is written by Dr. Hillier; those on Gout, Rheumatic Arthritis, and Rheumatism by Dr. Garrod, and that upon Gonorrhœal Rheumatism by Mr. Brodhurst.

“Such a selection as the above relieves a reviewer of a great load of responsibility, at the same time that it very considerably lightens his task. Many of the names in the list are familiar to us all in connection with the several subjects assigned to them in this volume. Several of them have appeared already before the Professional public in the same association. We take credit to ourselves that no reader of the *Medical Times and Gazette* can be at a loss to divine what Mr. Hutchinson, for example, is likely to

have to say about constitutional syphilis, what Mr. Marston is likely to have to say about small-pox, Dr. Seaton about vaccination, Dr. Milroy about plague, Dr. Buchanan about fever, or Dr. Garrod about gout and rheumatism; nor yet as to the mode in which these gentlemen are likely to have performed their several parts. We could readily tell which are the most meagre articles, but these are so few, and are so overpowered by what is full and complete, that we must leave the discovery to others. It would be invidious to name the best where all are good. Some of the contributors are known as careful and thoughtful writers, and we can say of these that in their several articles they fully maintain the character they had to preserve."

"THE THERMOMETER IN DIAGNOSIS.

"In the previous articles laid before our readers we have seen that the temperature of the body is raised in all acute specific fevers, in acute inflammation of any of the organs of the body, in ague, and also in tuberculosis. Fever is also present in many other diseases. Of these we shall subsequently speak.

"We have seen that many of the diseases that simulate phthisis cause no elevation of the temperature, and that this absence of any abnormal elevation of the temperature enables us to decide that the patient is not the subject of tubercular disease. If, on the other hand, the temperature be abnormally elevated, it is highly probable that the tubercle is being deposited in one or other of the organs of the patient. If this elevation should be due to some febrile disease other than tuberculosis, which may be accidentally present, this can usually be detected. Still in some cases the detection of such an intercurrent disease may be difficult or impossible. How can we exclude this source of error? This question we shall now attempt to answer.

"But few diseases can cause a daily elevation of three or four weeks' duration. Acute inflammations cease, and the temperature consequently falls, long before this period has elapsed. The same remark applies to most of the acute specific fevers. The temperature in typhoid fever generally becomes normal by the twenty-fifth or thirtieth day of the disease. The diseases at present known to be able to cause such a long continued elevation of the temperature as that above mentioned (namely, a month or more) are tuberculosis (the deposition of tubercle in any of the organs of the body), rheumatism, ague, abscesses, suppuration (such as occurs in empyema, large open psoas abscesses, &c.), and certain forms of chronic induration of the lung, with ulceration of the bronchi and the formation of cavities.

"Under the term tuberculosis we include scrofulous pneumonia, the product of which disease was formerly, and still is by some, considered to be one of the forms of yellow tubercle.

"All these diseases, with the exception of tuberculosis, are accompanied by such characteristic symptoms that we have usually no difficulty in forming a correct diagnosis. Rheumatism makes itself known by the pain in the joint, or by the physical sign of peri- or endo-carditis. The symptoms of ague are mostly so characteristic that the disease can seldom be mistaken, abscesses, empyema, profuse suppuration, can always be detected (abscesses may evade detection, however, for some time). Of all the diseases mentioned, chronic induration of the lungs, both in respect of physical signs and symptoms, closely simulates phthisis. In a subsequent paper we hope to show that by means of the temperature this disease can be correctly diagnosed, and how it can be distinguished from tuberculous disease of the lungs.

"The length of time, therefore, that the elevation of the temperature continues, affords us much help in making our diagnosis. If this elevation has continued some time—say a month—the number of diseases we have

to decide between is small, and these for the most part have characteristic symptoms, and thus the diagnosis becomes easy. Tuberculosis, however, may exist, as we have seen, without any physical signs being present, and at the same time the symptoms may be very slight, and utterly insufficient for a correct diagnosis. In such a case, if the patient continue febrile for a month or six weeks, the disease is in all probability tubercular.

"The question, therefore, that we put to ourselves at the commencement of this article is answered.

"In cases where we are in doubt whether the patient suffers from phthisis or not, if the temperature be elevated, tubercle is probably being deposited in one or more of the organs of the body. Such elevation may be due to some co-existing febrile disease not tubercular; but such a disease mostly ceases in a few days, and in the case of typhoid fever mostly at the end of the fourth week. If, therefore, the temperature continues to rise daily for more than a month, we are justified in diagnosing in such a case (provided none of the other diseases capable of producing a chronic elevation of the temperature be present) that the patient is tubercular.

"It may be said that before a month has elapsed the physical signs and symptoms will be so marked that all difficulty of diagnosis will have ceased. Such, however, is not the case, for tuberculosis of the lungs or other organs of the body may continue for a much longer period than that mentioned, and yet produce no physical signs, while the symptoms, moreover, may be slight and utterly insufficient to ensure a correct diagnosis.

"Hence it follows that in some cases the temperature of the body affords us the earliest indication that tubercle is being deposited in the body: *for if we have a chronic elevation of the temperature, and this be not due to rheumatism, ague, suppuration, or chronic induration of the lung, such an elevation must be considered to be due to a tubercular deposit in the body.*"

The *Lancet* has the usual stock of articles and cases, but there is nothing that we need extract for the readers of the MEDICAL MIRROR except perhaps the following paragraph which is a good specimen of their peculiar style:

"One thing at least is clear from the facts elicited in the charge brought against Mr. Mosely, a dentist and member of the College of Surgeons, and which he has properly followed by prosecuting for perjury the female concerned: it is the absolute necessity of providing in every train a compartment or compartments for ladies only. Ladies travelling alone would then be secure from insults or annoyance; and, on the other hand, *if they intruded themselves singly into carriages occupied by men* they would not be in a position to bring uncorroborated charges of this kind. A few printed boards at each station would solve the difficulty; and *directors of railways ought to be compelled to adopt this simple protection.*"

Anything more ridiculous than their manner of putting the case we have never read. That ladies' carriages ought to be provided is right enough and if they were there is little fear that ladies would intrude themselves upon gentlemen's compartments. The *Lancet* cries out for protection from the females. Their fragile virtue must not be imperilled by the amazons and viragos that are going about to ravish, poor, weak, unprotected males. The writer of the paragraph in question, has a wholesome dread of the other sex, but the generality of gentlemen feel honoured by the company of ladies. Coarse and brutal male drunkards are frequent on our lines of railway, and outrages on women are common enough. Assaults on males are exceptions to the rule. But the timorous paragraph writer in the *Lancet* may be peculiarly attractive or specially feeble, and for his sake we hope the directors of railways may be induced to do something to protect his manly feebleness from female outrage.

THE MONTH.

OCCASIONAL NOTES.

———— Mens si e pondere ludit.—PETR.

OUR predictions of last month have been fully verified. The gun has been fired which is the prelude to the death-knell of thousands, and the signal for a period of bloodshed, which will bury nations in oblivion and cause results which children, yet unborn, will curse.

It is impossible to predict how long the war may last, and what its results may be. Some people seem to think that it will be a second thirty years' war, and that the days of Wallenstein and his brave, but lawless, band may be renewed; others, amongst whom the Emperor Napoleon shines conspicuously, hope that one or two decisive battles may end the struggle, and expect that Austria and Prussia, though

“ High-stomached are they both, and full of ire,
In rage, deaf as the sea, hasty as fire,”

merely require a little mutual bleeding to cool their ardour, and convince them that in the nineteenth century the courteous and well-bred diplomatist has taken the place of the stalwart knight of old.

However this may be, there can be very little doubt that numbers of brave men will perish on distant plains, far from home, and from all who love, and mourn for them, to further the ambitious ends of unprincipled politicians who have been the originators of the direful carnage which has already begun in various parts of the continent.

The Prussians, flushed with temporary success, are marching onward with a firm conviction in their own power to conquer, and with the intention to benefit themselves at every footstep; the Italians, on the contrary, have declared they take up the sword, not to conquer, but to deliver “unhappy Venice” from the Austrian thralldom, and we cannot help thinking that the French Emperor will not prove himself so far deficient in geographical knowledge to forget that the Rhine is the natural boundary of France.

It is worthy of remark that, although almost every part of Germany is menaced by the invasion of hostile troops, Leipsic, the town which, above all others, has become celebrated in military annals, and which was the scene of that famous battle, the

mention of which excites almost every German, will remain, in all probability, entirely unvisited by the foe. War is upon Europe, and pestilence and famine loom in the future. The destinies of nations are trembling in the balance, and fresh boundaries are strongly foreshadowed. It is sad that the mantle of William Pitt has descended on no statesman of our day, for there are troublous times in store, and it is only by a firm hand and an independent will that England can be made to ride the storm in safety. Nor are the interests of the British empire as undisturbed as we could wish. The Fenians have caused us trouble, and the movement is not yet extinguished. In the City things are slowly settling down, but the recent bank failures are not calculated to reassure those engaged in trade. The case of Mrs. Ryves has caused much interest throughout the kingdom, and there is no doubt that the decision of the learned judges has given universal satisfaction. The defeat of the Government on the Borough Franchise question, has resulted in the resignation of the ministry, which Her Majesty has unwillingly accepted. A dissolution would have ensured the true feeling of the country being obtained, but it would have had a damaging effect on the power of England on the continent. To Englishmen, it would have placed on the issue of the elections, peace or war. Peace at any price, with the liberal government, and war with the conservative party. A happy coalition is anxiously awaited by the best informed of the medical profession; but, whatever be the result, we are aware that the medical profession will stand true to its colours, and support the right, according to its conscience. We have a thriving domestic policy, thanks to Mr. Gladstone, but if the honour of the country demanded it, we know that our peaceful domestic policy would be sacrificed for the strengthening of the future. The Government had an excellent chance of making an opportune demonstration on the occasion of the late volunteer gathering in Hyde Park, for there is no better hope of peace than in an active condition of general defence. The enthusiasm of the volunteers survives, and our hearths and our altars would find millions of protectors in the hour of need; but it would have been well if the late volunteer movement, snubbed at first, had been properly developed into that prominence which their ardour and stolidity demands. A government cannot blow hot and cold with impunity, and it only remains for them to encourage the volunteer force to have an army second, in enthusiasm and strong manhood, to no power in the world. All we require is a working soldier for a commander-in-chief. The silken dalliance of a Court is a very Capua for a commander of the forces, and a royal prince cannot be a fitting servant for the tribunes of the English people.

THIS is essentially an age of humbug. Everyone tries frantically to appear, not what he is, but what he is not. Our young ladies who would greatly prefer to be deep in the pages of the last new novel from Mudie's, pretend to interest themselves in botany and in the medical uses of plants. Ladies of more mature age either take to ragged schools or to meetings of the Association for promoting Social Science. Women, who had better be minding the feeding of their own children at home, will wrangle on the proper dietary of prisoners and the wrongs of factory hands. There is a great deal of talk and very little wool. Our guardians of the poor are gibbeted in the press and the horrors of the workhouses are laid bare, but we hear of no practical Christians who care to enter into these foul wards as unpaid nurses and assistants. There are many seekers of notoriety and reputation of a certain kind, and it is not difficult to cavil at directors of the poor and to turn the sharp light of criticism on overgrown establishments; but it is quite another thing to put one's shoulder to the wheel and to behave with true philanthropy, that seeks no notoriety but the simple welfare of the suffering poor.

Idleness and incapacity are rampant in all quarters, and they are not alone the attributes of guardians of the poor. The government is equally careless and inefficient, and unless some powerful political influence is brought to bear, crying grievances are blinked at by the heads of departments, and idleness is pampered into insolence. The higher classes of Government appointments are well cared for, while the more useful and harder worked public servants, who *earn* their salaries, are neglected and poisoned by deficient ventilation and long hours. The ventilation of our metropolitan police courts is disgraceful, and yet hard worked clerks of this department have longer hours and worse pay than those fluttering idlers in the other Civil Service branches of the state. Nothing is to be expected from a pseudo-liberal government whose wavering policy lowers the British name in the scale of nations, whose extravagance in great matters is so lavish, and whose savings are made up of petty meannesses, not the least of which is the scanty staff of ill paid, ill housed, and over-worked clerks in the offices of our metropolitan police courts. The tender mercies of the guardians of the poor to the feeble workhouse wretches are notorious, but there are other blots in our domestic policy which a new Government will do well to study.

Woman's rights and woman's wrongs form the subject of some little conversation in many social circles, both in and out of the Metropolis. That there is an insufficient field of profitable usefulness for women cannot be denied. In a natural condition

of things all women should become mothers and mind their household duties. Such a condition of things cannot be said to be any other than the natural sphere of woman's usefulness, but as in our thickly populated land this natural condition cannot always be, it remains for those women who cannot fulfil their natural sphere, to find some other by which a living can be as honestly and properly obtained. It is degrading, not so much to the women, who have no alternative, but to mankind in general, that some way of life, besides that of a strumpet, should not ere this, have absorbed our surplus female population. It is disgraceful to the boasted philanthropy of the age, that some real and earnest steps are not taken to put the poor women of London and other towns, into some way of doing for themselves. At present, starvation or the streets are the only two alternatives for the great proportion of the lower ranks of women. No one knows better than our hospital physicians the want and misery of poor needle-women who throng the out-patient rooms of our hospitals. Working, day and night, and scarcely earning sufficient to keep body and soul together, they are more in want of kitchen physic than the nostrums of the pharmacopœia.

A great many learned men talk gravely of the degeneration of race, and they attempt to do good by writing long-winded pamphlets on the subject. We are of opinion that if they spent their time and money in making soup kitchens for the poor, they might more effectually improve the species than in manufacturing fine-spun sanitary theories. If the mothers of England are well fed, there is no need for gloom and prophetic twaddle on the degeneration of the species.

“An honest man is the noblest work of God.” It is difficult in these days to define an honest man. By an honest man we do not mean particularly a person who does not appropriate his neighbour's goods, but we mean a sterling, upright man. A man who is ashamed of the sweat by which he earns his daily bread, can certainly not be termed an honest man. A man who is ashamed of honest labour is a simple puppy, and we are sorry to observe, from a recent speech at the not very inviting debates of the General Medical Council, that Dr. Parkes, as a self-made mouthpiece of the Medical Department of the Army, has done his best to cast contempt on the medical officers of the service, and detract from that manly honesty which is the best quality of our nature.

In a June number of the *Lancet*, Dr. Parkes is reported to have said, “He (Dr. Parkes) did not think there was a single army surgeon who would desire to put ‘apothecary’ after his name, for there was a *very strong objection on the part of medical*

men of the army to that term." We are sorry to hear that snobbery is so rampant in the service, for Dr. Parkes, as professor of hygiene at Netley, has some opportunity of judging of the state of feeling. We are not surprised that medical officers are not comfortable in the army, for if they are ashamed of their business they are simple drones, and must naturally be treated with contempt by their military brothers. As we are proud of our apothecaries' licence, we cannot enter into the squeamish feelings of the doctors of the army, but we have a shrewd suspicion that a little real work would act as a salutary alterative to their superfine susceptibilities.

The profession has been a good deal bored by the grievances of army surgeons, who, if ashamed of their profession, are certainly glad enough to get their medical pay.

Tyranny is usually the stronghold of weakness, and as an embodiment of weakness, and want of power, nothing can equal the constitution of the General Medical Council. It gives itself the airs of a petty parliament, but it has not even the power of a parish beadle. The only authority it has, is that of a bumptious pedagogue, who rules with a rod of iron over a few unhappy children. The medical students of the future are alone affected by the solemn absurdities of the General Medical Council. The great bulk of the members of the Medical Council are representatives of medical corporations, who are each and all trying to absorb the greatest amount of examination fees. As there is nothing to hinder anyone from practising medicine and surgery, so long as he doesn't infringe the titles of any corporation, we would warn these representatives, that if they tighten too much the reins of medical education, the country will soon be deluged by doctors who do not even attempt examinations. Let the representatives of the vested interests take care that in their greedy struggles they lose not their prizes altogether.

SUMMARY OF NEWS.

The great features of the last month are the War and the Resignation of the Ministry. They have caused much excitement even in the scientific retreats of medicine and surgery. They have not however, prevented our learned profession from going on in its career of usefulness. There have been many meetings of Hospital Committees, and the medical profession has been eager to roll away from the door of the workhouses the stone that hinders the blaze of "public opinion" from lighting up the hitherto concealed horrors of the system. Dr. Rogers of the Strand Union has been much

complimented, and deservedly so, for his very straightforward conduct and evidence.

We are proud to think that a member of our humble body has been the means, under Providence, of bringing to light a state of things in our work-houses that, without his earnest help and stirring zeal, might have continued to be concealed until at last it would have overwhelmed us with disgrace, and have added another blot on the banner of officialism.

We need not tell the general practitioners of the country who we mean, for his name is already famous, and when the future historian comes to write this page of English history, the name of Mr. Ernest Hart as the emancipator of the sick poor will be handed down to posterity in the same way that Howard is known by a grateful nation as the great reformer of the prisons. Mr. Ernest Hart does not need any fulsome testimonial. The blessings of the poor are better than the incense of flattery. We question whether he would permit a testimonial to be offered to him; still there is no doubt that there is a strong feeling not only among the profession, but among the general public, that his able and self-denying services should meet with some suitable mark of recognition.

It is not meet that any journal should take upon itself to suggest any mode of rewarding the great services of our public men; but it is not out of place for an organ of "medical opinion" to give vent to the feelings that must rise to the surface of an out-spoken profession like our own. We know that unless Mr. Ernest Hart receives the ribbon of a C.B., the profession will not be satisfied.

The medical profession is too much used to work patiently and unrepiningly in the great cause of the amelioration of human suffering, to resent at any slight that it may receive. Therefore, whether the Government chooses to do us honour in the champion of our sick poor and of our brothers in the Poor-law Service, or whether it allows Mr. Ernest Hart's great services to pass unrequited, we know enough of the profession to feel that it will not hinder medical men from still struggling in the battle of the great cause of right.

The old students of King's College met during June at their annual dinner. A beautiful silver dessert service was presented by the old pupils of the great surgeon, Sir William Fergusson, to their kind and skilful master. It would be beyond the limit of our summary to give the text of the speeches that were made on this happy occasion. Suffice it to say that all King's College men will look back to that pleasant evening at St. James's Hall, where they had the happiness of meeting their honoured master at the festive board. Sir William Fergusson gained golden opinions by his great urbanity and by his happy simplicity. It is certainly a remarkable trait in the character of all celebrated men that with a giant intellect they possess an easy simplicity, which is not only charming in itself but is the true stamp of real nobility. It is seldom that a more interesting gathering has ever taken place, and it was a source of great pride to all the Scotchmen of the metropolis that a disciple of the modern Athens was the centre of such admiration and respect. Sir William Fergusson's speech was highly praised, and it touched the chords of many hearts. We are pleased to chronicle this meeting, and we trust that Sir William Fergusson may long live to use the handsome dessert service that is to be handed down as an heir-loom in the family of the noble surgeon.

Our readers will be gratified that the learned President of the College of Physicians should have at last gained his baronetcy. No physician better deserves this honour, and it is the general feeling among the profession that the recognition of his great merits has been somewhat tardy in arriving. Talent is not always the only requisite to win distinction, and Court favour is somewhat fickle. On the strength of this new accession of dignity to the London College of Physicians, they have just had a conversazione.

Conversazioni in such sultry weather in crowded rooms are not very pleasant things. But the College meant well, anyhow, so we must forgive them their inattention to proper times and seasons. Their hospitalities are too much like angels' visits to be anything but cherished.

Among the new things of London we may mention the proposed inauguration of a new Hospital for Women and Children, under the able auspices of Miss Elizabeth Garrett, the talented lady physician, who was so unjustly debarred by the Committee of the Samaritan Hospital for Women and Children from the practice of a specialty peculiarly adapted for the sphere of a lady physician's usefulness. Miss Garrett has the sympathy of the public and the respect of those members of the medical profession who are honoured by her friendship. It is to be hoped that she will be the pioneer of a new sphere of female industry, and we heartily wish her God speed ! in her arduous undertaking. It will be seen from the following particulars that powerful support is not wanting. We cannot refrain from paying a passing tribute to those eminent physicians who have so kindly undertaken to be her Consulting staff. Prejudice has been trying to sow the seeds of strife and ill-feeling between this solitary woman and her brothers of the medical profession. But we know too well the manly character of the members of the medical profession to be afraid that any sower of tares in the vineyard of medical usefulness will succeed in destroying the professional prospects of a defenceless lady.

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On Monday, July 2nd, a Dispensary for Poor Women and Children will be opened at 69 Seymour place, Crawford street, Bryanston square, W., to meet the increasing demand for medical help in one of the poorest and most densely-populated districts of London.

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It is intended that the office of General Medical Attendant shall be held by a lady, legally qualified as a medical practitioner, thus affording to women of the poorer class the option of obtaining medical attendance from a qualified woman.

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Dr. Edmunds the late respected Professor of midwifery at University College, London, takes great interest in the formation of a corps of soundly educated and well informed midwives. This vital point is one that all practitioners must feel most deeply as one of the highest importance. Dr. Edmunds has taken the trouble to lecture to women on the subjects which it is essential for them to understand, and we are glad to observe that the Female Medical Society is advancing in its useful purpose. The second annual meeting of the friends of this society was held on the 25th of June at the Hanover-square Rooms, the Earl of Shaftesbury in the chair. The report of the committee, which was read by the secretary and adopted, stated that the progress of the society's rudimentary college had been thoroughly satisfactory. The number of students had increased to 20, and the entries for the next session were likely to exceed in number those of any previous year. The general intelligence and conduct of the students had been highly satisfactory, and the institution would no doubt be the means of providing lucrative female employment. The committee were anxious that a museum should be formed, the cost of which would be about 200*l.*, and they consequently appealed for additional support. The accounts shewed that the society was indebted to the amount of 150*l.* The meeting was addressed by Lord Houghton, Lord Shaftesbury, the Rev. J. Burns, and others, and the following resolutions were adopted:—"That midwifery, as an important branch of medical practice, constitutes a lucrative profession, for which women ought to have proper means of instruction in midwifery, and the accessory branches of medical science, has hitherto been accessible to women in England; that the present utterly unregulated state of female practitioners in midwifery is repulsive to educated women and degrading to this important vocation; that great

public inconvenience and frequent loss of life now occur for want of a properly qualified and sufficiently numerous class of midwives." "That the meeting pledges itself to use all its influence to promote the objects of the Female Medical Society."

An exhibition of objects relating to pharmacy is to be held at Nottingham on the 21st to 25th August. Mr. J. H. Atherton is the Hon. Secretary to whom all letters should be sent. We wish success to the British Pharmaceutical Conference.

The condition of our workhouse infirmaries has occupied a great share of public attention, and the *Saturday Review*, *Punch*, and the *Pall Mall Gazette* have all considered the subject not unworthy of many powerful articles and remarks. The *Times*, the "Jupiter" of the *Daily Press* has also taken serious notice of the system.

We much regret that we have not got unlimited space for extracts, for the paragraph of *Mr. Punch* cannot be surpassed for sarcastic humour, while the *Saturday Review*, that terrible opponent of pretentious wrongdoing, brings all its scathing satire and pungent wit to bear on the incompetent heads of the guilty wrong-doers. The *Pall Mall Gazette*, that rising organ of independent opinion, has not spared the "Guardians" of the poor, but has pointed out with eloquent and stirring pen the terrible deficiencies of the system.

We are glad to know that Mr. Villiers is about to set his shoulder to the wheel, so that there is now a chance of some *real* reformation taking place.

We are glad to know that Mr. Baxter Langley is again about to offer himself as candidate for the representation of Greenwich.

Let the powerful general practitioners of that district unite to obtain a representative, who will so fearlessly, so ably, and independently advocate the amelioration of the condition of our down-trodden profession.

Until the general practitioners of the kingdom are properly represented in parliament, we can never hope for any permanent elevation of our noble profession. Our poor law medical officers cry out in vain, but there is no one to act as their mouth-piece among the tribunes of the people.

Mr. Baxter Langley is the *right man in the right place*, and we know that he has the sympathy of the profession. Let the medical profession use all proper means to secure his return, and we can only say in conclusion—"Let God Defend the Right."

No. II. ROUNABOUT PAPERS.

A DOCTOR'S EPITAPH.

"THERE goes the best doctor in the town!" So said a country girl, a few days since, as a hearse rolled a doctor's lifeless body under the windows of a little Scottish inn. The Court undertakers were not summoned to perform, with their usual exquisite propriety and dignified but staid display, these funeral rites. Doctors cannot hope to rest in Westminster Abbey, neither can they expect Messrs. Banting to perform their funerals.

But we are far from Messrs. Banting's establishment. We are in the Scottish county that owns Faed for a son, and St.

James's street is very distant. In this little county town there is no establishment for performing funerals. There is a hearse, but it rests in the coach-house of the inn and is let out by the landlord at distant intervals, and its horses are more used to posting than to the usual measured walk of funerals. There are black cloaks for the horses, and there are a few nodding plumes for the hearse, that are sombre enough when it is going slowly, but which dance and fling about in a strangely frisky manner when the horses get into a sharp trot, as they have to do if they have to go to a distant village. The skull and cross-bones on the hearse are pinked out in yellow on its panels. They do passing well to strike terror into the village children, but as models of anatomy they would be scouted in our learned medical schools. There is an unusual gay excitement in the little town to-day, for a Bazaar is being held for a purpose that is popular with all. The day is most propitious. The hills, thickly wooded and green with heavy foliage, are smiling in the sunlight. The purple mountains stand out sharply in the distance, and the undulating fields near to are warm and pleasant and scented by the hawthorn and yellow broom. The sea has wandered up its winding channel to see the fun, and as it meets the river that washes past the town there is a merry ripple on the water. It is an unusual county gathering. Flags are flying from the house-tops, and the gay dresses of the lasses flutter in the streets. The variegated bonnets are not all from Regent street, and a London milliner might not approve the mode. But they are the best they have in honour of the great occasion. The equipages of the rich grandees, and the tax-carts of the substantial but "canny" and thrifty farmers are jumbled up together in the street, while their owners are buying and flirting at the grand bazaar.

Scotchmen are twitted with their love of money, and they are blamed as niggards, but to-day the grey and well-thumbed pound notes pass lightly from the ample pocket books into the slim fingers of the ladies presiding at the stalls. It is a patriotic Scottish purpose, and no Scotchman can resist an appeal of this kind, for even in his distant wanderings he retains the love of Scotland with its mountains and its rivers, and the little farm or cottage where he first saw the light is sure, sooner or later, to see his face again. There is high revelry in the town and the doctor's death is out of place. The hearse goes slowly past, for it is on no distant errand now, and the mourners are on foot. Many have snatched a few minutes from the great centre of attraction to follow in the train and do the dead doctor honour. The modest house of the late doctor is neat as usual, but all the blinds are down. It is the only house in the little town where there is a house of mourning. Yet he was glad to die, for he

had cancer in the tongue and throat, and was past the help of surgeon or physician.

“Physician heal thyself!”

Alas! the boundary of the doctor’s art is not a wide one, and a sick doctor sees it quickly. He is not buoyed up like others with the hope of help from celebrated men. For he knows that when the healing power of Nature is perverted into deadly growths he has lost a power that no man can replace, and which no reputation can rebuild.

The simple funeral rites of Scotland are soon over, and the doctor rests in peace. His name will appear in the general list of deaths in the local paper, and eventually it will be chronicled in the pages of the leading medical journals. The colleges will erase his name from their list, and his diplomas, earned with much trouble, and held with much pride, will lie like waste paper in his house. His game is played, and he is done with, and his place will be filled by some other, fresh from the Alma Mater, and full of the latest information and the newest science. “The old doctor is dead, long live the new one,” for folks must have doctors, to laugh at when in health, and to summons when in misery and pain.

The celebrated of our profession when they die are given stilted panegyrics in the medical papers, and editorial pomposities in the shape of leading articles on their transcendent talents. General practitioners enter quietly on their rest, and their works follow them, and their epitaphs are written on the hearts of their friends. Their funeral orations are not corrected for the press by biassed friends. But the tributes to their memory are such simple and unaffected remarks as the Scotch lassie rendered in the words:—“There goes the best doctor in the town!”

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THE MEDICAL MIRROR.

AUGUST, 1866.

ORIGINAL COMMUNICATIONS.

ON THE EFFECTS OF COLD.

BY THOMAS INMAN, M.D. Lond., M.R.C.P., Physician to, and late Lecturer on Medicine at, the Liverpool Royal Infirmary.

MANY years ago, while sitting "at the feet of Gamaliel," I listened to an admirable discourse on the influence of cold in producing those affections which the public generally attributed to it. The lecturer, Dr. Budd, pointed out to us how mothers and doctors, patients and friends were always eager to attribute any illness, or increasing gravity of symptoms to the individual having "taken cold." My interest in the subject was heightened by one of those conversations which take place after lecture amongst the auditors, and which, could they hear it, would probably be the proudest evidence the professors could receive of the value of their labours. My old chum told me that in one large town in England it was customary for men who had contracted the clap, to apply to the dispensary with the statement that they had "caught cold,"—"where has it settled?" elicited the fact, and one ready-witted fellow when asked *how* he had caught cold? answered "by sleeping with a damp girl."

The question then started itself in my mind—"If cold does not bring about this thing or that, what does it bring about?" Are there any morbid phenomena fairly attributable to a low temperature? and from that time, to the present, I have been trying to solve the inquiry.

Before I give the results of my observations, I would note that I do not wish to be understood as referring to such intense cold as we find in the Arctic Regions, to the effects of being in contact with ice—as some unfortunates have been when they slipped down the crevasse of a glacier, to the effects produced by a prolonged immersion in cold water, or even by a continuous cold-shower bath. My chief aim is to call attention to the

effects of cold upon different individuals, apparently in good health, well clad, performing their ordinary duties, and living much as others in the same class live. If I take the thermometer as a standard, I would say that my remarks apply to a temperature between 32° and 56° .

The first case which came under my notice made a great impression upon me,—A father and son, out of work, living very poorly and thinly clad, crossed, during one daylight, some bleak moorland in March. They reached home apparently none the worse, but about thirty-six hours afterwards the son, a lad about twelve years of age, fell suddenly paralyzed from the neck downwards. He ultimately recovered. “Was the phenomenon due to cold?” “When such occurrences happen, does an interval between cause and effect usually take place?” “What parts are especially involved?” were all questions naturally arising from the case.

A reference to cases of facial palsy, in medical text-books, sufficed to answer in the affirmative, but I nevertheless determined, if I could, to collect experience for myself. The most prominent of all the cases I have had under my own eye was that of a fine, strong, handsome, and apparently healthy young country man, aged twenty-one years, who had been working in a tunnel connected with our corporation waterworks. The place was damp and cold, and feeling it too much for him, he ceased work—suffering from lumbago; the next day he felt worse, and the day after was unable to move his legs. He was then brought to the Royal Infirmary (Liverpool); in spite of a very generous and comforting treatment, the paralysis spread, and he died, within a week of his admission, from palsy of the muscles of respiration. We could not obtain a *post-mortem*.

I have had many other cases of less intensity, in which paralysis of the lower half of the body has resulted from exposure to cold in seamen, in shipwatchers (iron-built ones are far worse than wooden ones), and in street musicians. I have seen facial palsy in a prostitute, from simply crossing a square without a bonnet during snow, and in a young lady from walking deliberately on a windy day in a Scotch mist. I had little doubt that the nervous system was the part chiefly implicated but the following case did much to make me certain.

My youngest son had long been subject to severe ear-ache, and his mother had begun to associate its occurrence with exposure to cold, and to preach to the lad about the use of warm wraps, but unsuccessfully. One day he accompanied me to the dock side to see his brother off to sea, and as there was much delay and the wind was piercingly cold, I urged him to go home. He assured me that he did not feel it cold, and I assented to his stay. We

left at length, and the boy went to school as usual, and laughed at me for my solicitude about him. Next day, however, he had an attack of tic-doloureux which lasted nearly a month. He refused to see any relationship between the cause and effect, until repeated exposures had brought on repeated attacks. There was always an interval of twelve, and sometimes of thirty-six, hours between the cold and the tic, but the one never came without the other. This was instructive, the next case was equally so. A gentleman, aged sixty-six, in failing health from debility and anorexia, superintended for many hours on a cold November day, some workmen planting trees, and in the evening still farther exposed himself at a railway station, in a cutting, where the north-east wind was keen and constant; next day he had sciatica which gradually increased in intensity; for about three days the suffering was unusual, and when it left him the nervous system was too much injured for the patient to survive. He sank gradually, however, without any special symptom, without paralysis, and without suffering.

Another patient of mine, under circumstances almost precisely similar, had an attack of palsy on one side from which he never recovered perfectly.

During the same course of lectures, to which I referred in my first sentence, Dr. Budd called our attention to the influence of cold in determining the occurrence of tetanus. Since that period I have had under my notice two cases in which death has occurred from lock-jaw without there having been any known surgical injury. In both instances the only cause assignable was exposure in very hot weather to a very cold wind.

All these considerations suffice to show that the influence of cold upon the nervous system is recognisable. Some of the effects resemble those produced by excess of sexual indulgence in the male, and those we occasionally meet with in men who have undergone the enervating effects of heat in India. We conclude, therefore, that cold produces, like excess of heat, &c., a withering result.

There is evidence that cold has exhausting influences upon the muscular system, but we scarcely need enter into them closely. The effects produced are pains usually called rheumatic-immobility, temporarily removed by heat, and sometimes steadily advancing atrophy.

Upon the air passages the influence of cold is very great. A long drive, walk or run against a cold moist wind in the winter months is a very fertile cause of catarrh. I have known one instance in which it produced in an adult female such intense laryngitis as to kill in three or four hours. The exact time was unknown; the young woman reached home late at night went to bed and was found dead the following morning; the mucous

membrane was intensely inflamed and covered with pus. In a former paper I noted the influence of such cold wind in producing croup, I revert to it now to record the observation that, results similar to inflammation are produced by cutting the nerves supplying the parts affected, consequently, that laryngitis and tracheitis are indications of local impairment, not of increased action, unless the word is used in a destructive sense.

I have repeatedly seen exposure to cold followed by bronchitis, and that such is the common experience, few accustomed to note the phenomena noticed in our churches and chapels during winter, could deny.

On the influence of cold in producing phthisis, I have had many instances, one of the most conspicuous was in a young gentleman with whom I travelled as physician. As we journeyed alone in the same carriage I had frequent opportunities, not only of noticing symptoms myself, but of hearing the patient's observations upon them. There was nothing he dreaded so much as a cold wind. For quiet cold he could prepare by heated wraps, &c., but against a biting blast there was no protection. Our sojourn in Italy was followed by the most beneficial results. To complete the cure he went on the same route the following winter. From Nice he made a trip to Turin (in December,) of only two days' duration, and I received a letter from him written on his return, saying, *inter alia* that the frightful cold was a great drawback against the magnificence of the scenery. I subsequently learned that after he wrote he had a most distressing night of dyspnoea, and started off to Rome next day; the passes were everywhere marked by frost and snow, and at the end of his journey a large cavity was recognised in one lung.

A solitary instance would go for nothing, but when it is the universal experience of hospital physicians that cold induces phthisis and bronchitis, a case like the above demonstrates that wealth is often unable to counteract its baleful influences.

The effect of cold upon digestion, has not, I think been sufficiently recognised. The temperature of the stomach is 96°, and experiments have shown that artificial digestion is almost suspended by reducing the temperature to 56°. Yet many are the patients who indulge in ices, cold water or beer, and many are the physicians who prescribe cold tinctures or other physic. Cold brandy and water, and perhaps port or sherry cool from the cellar. The strong can stand this, but the feeble, aged, or over-worked, require for comforts sake that everything shall be taken warm; with them cold wine will turn "sour," while warm negus will promote digestion. That cold will promote diarrhoea, few whose experience has lain amongst our poor lanes and alleys can deny. I have seen the same result amongst the wealthy, who have scarcely clad their children at all, from the pleasure they

take in seeing their plump rounded limbs. The check to purging produced by warm clothing, or a warm atmosphere and its revival on a return to the comparative nakedness has been too well marked to allow me to doubt the relation of cause and effect. There is scarcely any one unaware of the influence of cold in checking the perspiration from the skin, increasing the secretion from the kidneys, and sometimes in producing, or aggravating, dropsy.

From painful personal experience, I am convinced that cold has a material influence in determining the paroxysms of gout, an observation which would suggest itself to every one who notes the prevalence of the disease in late Autumn and early Spring, periods when the effects of cold are most severely felt from the sudden vicissitudes of warmth and frost.

Cold is a powerful anaphrodisiac, and to those young men who consult us for the cure, or relief of nocturnal emissions, no recommendation is so useful as that they shall be cool, or cold in bed, by sleeping on a mattress, with only two covers, sheet and blanket.

We often in this country meet with rapid changes from intense heat to biting cold, but in tropical climates the change is still greater than with us. A medical friend of mine in India informs me that his belief is that fever and ague is repeatedly produced by exposure of the body to the intense cold of sundown, while the skin is still perspiring from the blazing heat of the setting sun. He has had opportunities of comparing the range of temperature in dry and moist portions of the country, and finds it to be the greatest in the latter, and has come to the conclusion that this sudden alternation from heat to cold is as powerful an agent as that which we speak of as malaria. He was himself struck with fever by going into a house artificially cooled after a hot ride in the sun. His remarks are deserving of a thorough investigation. We have already noted the influence of cold on the wounded in India after an action, and how certainly it promotes the occurrence of tetanus; we should therefore be prepared for other effects on the constitution. It is still a mooted point whether fever and ague are disorders of the nervous system, or the blood, or of the system as a whole; if the first be the correct opinion, great vicissitudes are adequate to produce the disorder, and then it becomes a question of hygiene, whether drainage does more than make a country warmer at night than it was before.

Lastly, I would call attention to the effects attributed to sleeping in the moonlight on the deck of a ship or on land. They are simply due to the combined effects of cold and previous exhaustion. There is no moonlight on cloudy nights and then, as radiation from the earth is absent, the cooling of the

sleepers is small. On cloudless nights, however, the radiation is considerable; awake on the longest and hottest day in our summer I could not sit for half an hour exposed to cloudless sky of night, the chill was too severe for endurance. Had I slept, however, while warm and continued to do so for hours, I can well understand that I should have paid severely for the indulgence.

The mischief from damp beds resembles that produced by sleeping in the moonlight in the tropics. I need not advert to it more particularly.

One word ere I close upon catching cold. This is a common phrase for an attack of catarrh, but it is a very incorrect one.

One year I suffered so very severely from a series of "colds" that my attention was drawn specially to them. I was then Lecturer on Medicine, and nearly every night from five o'clock to six during the winter months had to turn out from a warm room to go through all weathers, lecture for an hour in a theatre heated by a stove and lighted by gas, and then return again to my snuggerly at home. When I felt a fresh cold beginning, I tried in vain to account for it, until I accidentally saw in Copland's dictionary that the most fertile cause of a cold was coming from a moist cold air to a hot and dry room. This at once explained to me the reason of my frequent suffering, for I had invariably gone into my hot room straight from the cold. I, of course, soon changed my habit; I dawdled in the hall while taking off my great coat, perambulated the rooms which had no fire in, went up and down stairs and the like, ere I went into my study, whose temperature was also reduced. Since then I agree with a friend who says, "that a cold comes from catching hot;" and I am disposed to think that there is a strong analogy between a chilblain on a child's toes and a cold in a person's nose, throat, and lungs.

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ON EFFUSIONS OF BLOOD, AIR AND SERUM IN THE ORBIT.

BY MR. SPENCER WATSON, F.R.C.S. ENG.

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I. EFFUSIONS OF BLOOD IN THE ORBIT.

THE causes of extravasations in this region are direct injuries, penetrating wounds, and fractures of the skull involving the orbital walls; but there are a few instances in which the extravasation has taken place independently of actual violence applied to the part; and such cases have occurred during violent

exertion on the part of the patient and generally in a highly heated atmosphere. The effusions of blood of an external kind and leading to diffuse aneurism have been already considered, and our present subject will, therefore, exclude the consideration of any aneurismal growths. The symptoms will, however, be similar to those of intra-orbital aneurism in some respects. There is a sudden protrusion of the eyeball immediately or at a slight interval after an injury—with discoloration of the conjunctiva and eyelids, and perhaps, ecchymotic redness and swelling of the surrounding parts. The vision may be simply defective from the alteration of the axis of the two eyes, and the consequent diplopia, or there may be temporary amaurosis consequent on pressure behind the globe, or around the optic nerve. The swelling may or may not be felt by the finger, but the history and symptoms will clearly point to the nature of the case, and, unless there be serious lesions within the cranium, the treatment will be of the simplest nature.

When the extravasation is associated with fracture, it is evident that the case may be of a very serious kind; the prognosis being unfavourable in proportion to the extent of the injury. It may therefore be well to consider, in such a case, what evidence there is of the fracture having extended into the base of the cranium or the roof of the orbit. M. Carron du Villards says, that he has seen many cases in which fracture of the cranium has been associated with symptoms of intra-orbital effusions of blood, and he relates a case in which his diagnosis was verified by post-mortem inspection. (Demarquay, *Op. cit.*, p. 272). With regard to extravasation in the eyelids as an indication of the seat of fracture, there seems to be no certainty, though, if not associated with sub-conjunctival effusion it would point to the *margin* of the orbit as the probable seat of injury; while sub-conjunctival effusion associated with other symptoms of fracture and unassociated with effusions into the eyelids, or followed by it, would point to the deeper or post-ocular part as the seat of injury.* The latter condition would be, of course, more likely to be serious than the former, in proportion as the base of the cranium is more important than the facial region.

The following extract from Mr. P. Hewett's paper in "Holmes's Surgery," vol. ii. p. 127, will serve to show what value can be placed on this symptom as an indication of fracture in the orbit.

"Out of twenty-three cases of fractured base, involving more or less extensively the orbital plates of the frontal, all of which occurred at St. George's Hospital within the space of ten years, it was found in eight cases, that there were no traces of extravasated blood to be seen, either in the eyelids or under the ocular conjunctiva; and in five cases that the effusion

* Demarquay, *Op. cit.*, p. 274.

of blood occupied the eyelids only ; so that in these *thirteen cases* there could have been no suspicion whatever as to the existence of a fracture. But, on the other hand, the nature of the injury was made manifest in the *ten remaining cases* by the blood effused under the ocular conjunctiva and in the lids.

"Blood may, however, be effused into the lids and under the ocular conjunctiva, in fractures of the malar, or superior maxillary bones ; and this may give rise to an error of diagnosis."

The following case abridged from a report in Demarquay's works, taken from the "*Annales d'Oculistique*" 1847, t. xviii. p. 201, is a good illustration of the subject in hand.

M. L., æt. sixteen, fell from the rigging of a ship, a height of fifty-two feet, and struck the left side of his head. He was taken up insensible and blood flowed copiously from his mouth, nose and ears for several days. The left eye was thrust out of the orbit and hung down on a level with the tip of the nose. The captain of the ship replaced the eye and put on a linseed poultice. Fever supervened, with delirium, and lasted fifteen or twenty days.

Three months after the accident he was placed under the care of M. Duval, who found his left eye protruded and absolutely blind ; though the iris acted regularly. Iodide of mercury ointment was rubbed into the temple and brow, and iodide of mercury given internally, and leeches applied.

A year after, violent inflammation of the eyeball and surrounding parts came on, which subsided under treatment, which still left the protrusion of the globe. Iodide of mercury internally and externally were again used, and at the expiration of two months the eye had returned to the socket. Two years after, the patient's appearance was quite normal, but vision was never restored in the affected eye.

In a case related by M. A. Ricord and quoted by Mr. P. Hewett ("*Holmes' Surgery*," v. ii. p. 173), there was distinct evidence of extravasation of blood in both orbits, but no protrusion of either eye. The sight of one eye was temporarily lost, and Mr. Hewett remarks that the temporary loss of vision must have been due to effusion into the sheath of the optic nerve, rather than to pressure, and the restoration of blood in the orbit and around the nerve of vision, to a re-absorption of this blood.

Among the symptoms of extravasation with fracture, may be mentioned paralysis of the fifth and third pair, and instances of such lesions are given by Mr. Hewett in the same place ; but it would be imprudent to look upon these lesions as merely the result of compression by effused blood ; when we consider that the same injury which has caused the latter may have damaged the brain substance permanently ; and the prognosis must be cautious in proportion.

Extravasations from penetrating wounds, and from contusion, give rise to symptoms similar to those already mentioned and instances can be found in many authors.*

A remarkable case by Dr. Redemans is well worth notice.† The obstetric forceps were applied by this gentleman, for the delivery of a woman in her sixth confinement. The child was extracted alive, but, two hours after, the right eye was found to be thrust out of the orbit, the eyelids being buried in that cavity and the conjunctiva everted and infiltrated with blood. There was also infiltration of the eye and eyelid of the other side, but to a less extent.

Pressure with the fingers failed to replace the protruded eye, and a puncture made into the swelling was also unsuccessful. Graduated compresses were applied, but suppurative action set in and ulceration of the cornea which ended in perforation. After this the protrusion became less, and the eyelids resumed their normal position.

This case is unique, but seems to point out the possible dangers of delivery in this way when it is necessary to apply the forceps for a long period, and, as Mr. Redemans observes, suggests the expediency of applying a compress immediately after birth in any case where there is reason to anticipate such a result. Possibly, in a suitable case it would be better, when the protrusion has actually taken place to leave the process of absorption to go on without any local interference and to protect the surface of the cornea by the application of olive-oil and a gauge-shield or goggle of such a size as to cover the whole circumference of the orbit, and the everted conjunctival surface. Punctures into the orbit itself would scarcely be likely to be of use in any case of extravasation, though, in such a case as the above, the temptation to effect a rapid replacement of the eye was very great and would justify any rational attempt with such an object.

Spontaneous effusions of blood in the orbit are very uncommon, but M. Demarquay's work contains allusions to several instances occurring in typhus patients and in one scorbutic. He also relates in detail the case of a workman, nineteen years of age who had sudden diplopia and impairment of vision and of the movements of the eyeball, which could only be attributed to this cause. M. von Graefe, under whose care the patient was, considered the *absence* of cerebral symptoms, taken in connection with the symptoms observed, plainly indicated the seat of the effusion, and the gradual disappearance of all these symptoms justified his diagnosis.

* (Vide Demarquay, *Op. cit.*, p. 280—1. *Ophthalmic Hospital Reports*, Oct. 6, 1857).

† Demarquay, *Op. cit.*, p. 283.

The treatment adopted in this case was that of general and local bleeding, and M. Demarquay recommends in similar cases to make an opening for the escape of the effused blood. How far such a plan may be justified by experience I am unable to say, but I should be inclined to leave the effused blood alone till absorption had taken place.

II.—EMPHYSEMA.

The escape of air from the lacrymal passages into the cellular tissue sometimes gives rise to protrusion of the eyeball; and this is generally the result of some injury by which the os unguis has been fractured. The following two cases of M. Desmarres (Demarquay, p. 224-5) are very good illustrations of this very rare and curious affection.

M. Desmarres' first case :—

“As soon as the patient pressed his nose between his fingers to use his pocket-handkerchief, and the air was forced into the nasal canal, the left eye was visibly projected for the extent of at least a centimetre and a half, being thrust forward by the air which found its way behind the globe at each attempt made by the patient to blow his nose. As soon as the compression of the nostrils was taken off, the globe resumed its place, and occupied the same level as its fellow. At the same time that it was thrust forwards, the eye was directed from above downwards, and from without inwards, and there was double vision. When the other eye was closed, at that moment double vision ceased, and the image perceived was single and distinct; it was only displaced, and followed the direction of the fellow organ.”

M. Demarres' second case :—

“A blow from the fist on the left eye ruptured the lacrymal sac; an enormous emphysema of the whole anterior wall of the orbit was soon produced. With the view of showing me how he made the air pass at will into the tumour, the patient blew his nose violently while compressing his nostrils; immediately the eyelids and the circumference of the orbit swelled, and became of a blueish ecchymotic black, just as if a coloured injection had been forced into the tissues.”

General emphysema may affect the orbit with other parts and protrusion of the eyes in such a case would not be at all a serious symptom. It is necessary to bear in mind the possibility of meeting with such a singular condition as that of the cases described, but it would be improbable that any mistake of diagnosis should occur.

The treatment consists in making punctures for the escape of the air from time to time, and the patient should be cautioned against blowing his nose until the opening in the membrane and lacrymal bone has closed up.

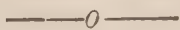
III.—EFFUSION OF SERUM INTO THE CELLULAR TISSUE.

M. Demarquay has pointed out this condition as the probable cause, in some cases at any rate, of the exophthalmus, associated

with disease of the heart in goitre ; and adduces a case of albuminuria and general anasarca in which infiltration of the cellular tissue was found after death, the eyes having been much protruded during life.

He allows, however, that the pathology of this disease is not at all conclusively settled, and as researches seem still to be wanting on this subject, it is premature to give any description which must necessarily be wanting in accuracy and completeness. Nevertheless, the most recent observations seem to confirm the views of Demarquay, and, in addition to point to some lesion of the cervical sympathetic nerve as generally associated with it. (See Dr. Reith's remarks on a "Case of Exophthalmus" in the *Med. Times and Gazette*, Nov. 11, 1865.)

These few remarks on the subject of effusion into the cellular tissue are only offered as indirectly bearing on the subject of tumours, properly so called, in this locality and as a means of assisting in forming a diagnosis. Thus the aspect of the patient, generally anæmic and languid ; the *slow* progress of the protrusion by which *both* eyes are simultaneously affected ; and the coexistence either of cardiac symptoms or of bronchocele, and perhaps of both, will, together, serve to distinguish a case of intra-orbital effusion of serum from any other affection in the same region.



VIRCHOW ON TUBERCULOSIS.

MR. EDITOR AND DEAR SIR,—In calling my attention to the article of Virchow in the July number of the MIRROR, you invite me to discuss the subject, either confining my remarks to the German pathologist's views, or stating my own with respect to the nature and treatment of tuberculosis.

You evidently are not satisfied with the existing state of knowledge, but would like to see such an explanation of tuberculosis as might lead to a more successful treatment of the disease. In this you differ entirely from that editor and reviewer, who began his criticism by expressing the pleasure he experienced in having his views confirmed, that is to say, in discovering that the would-be teachers knew no more about the matter in hand than himself. Your usual liberality in granting expression to all comers is the more remarkable in this invitation, that you do not profess to be a convert to my particular views. But if you cannot endorse all my opinions, if you cannot go hand-in-hand with me to the end, you will be able to travel with me some part of the journey at least.

In the first place, we shall not differ, I think, upon the identity

of scrofula and tuberculosis. Here we will waive a great advantage and avoid a show of learning, by ignoring authorities, nine out of ten of whom are in our favour. We will just depend upon our own observation. External scrofula, tumefaction of the lymphatic glands, mesenteric disease, diseased joints, and pulmonary consumption, at least, are familiar to us in the same person either at the same or at different periods of their lives. They are equally familiar to us in different members of the same family. Most of us have seen consumption follow the removal of a scrofulous knee or ankle-joint. About eight years ago, I had under my care a young man (who is now about thirty years of age) with extensive disease of the right lung. As he was recovering from his pulmonary tuberculosis, the second phalanx of his right forefinger became diseased, went through the stages of enormous swelling, suppuration, ulceration, caries and exfoliation, and healed by the almost disappearance of the bone and permanent shortening of the finger. Two years after he had scrofulous enlargement and ulceration of the testicle; all clearly mere varied manifestations of the same constitutional disorder. Are not the diathesis, temperament, and peculiarities of the blood and secretions alike in both scrofula and tuberculosis; and do we not immediately apply the same treatment, and with some degree of success, to them both? Let it be agreed on, then, between us that scrofula and tuberculosis are identical.

Secondly, I hope you have no doubt in your mind that at a certain period of its course, scrofula or tuberculosis is a blood disease; that is to say, that before it is localized, tubercle is present in the circulation. The proof of this is simple. We all have seen and have occasion continually to see, the cessation or remission of the deposit of tubercle in one spot accompany its deposition in another. Every one of us has had patients whose lungs seemed to recover as soon as tumefaction, inflammation, and suppuration of the lymphatic glands took place. Now this cannot be explained under the supposition that tuberculosis is a local disease, and that "metastases in distant organs are produced," whether that local disease be want of energy in the minute capillaries from organic nervous exhaustion; for how can want of energy attacking one set of vessels, supply energy to another set of vessels already affected? Or, if the local disease be ascribed to error of construction; for how can error of construction newly set up in the external lymphatic glands relieve previously existing error of construction in the repair of the lungs. If the lung is built up with a cheesy, semi-vitalised substance instead of fibrine, owing to debility, is it possible to believe that building up the lymphatic glands with the same morbid material can restore the constructive power in the pulmonary tissue, or the organic nervous influence on which construction depends? If pulmonary tuberculosis consist

of aggregated epithelium from atony of the delicate lining of the air vesicle, why should it be stopped, or why should it put on a more healthy action, because the same want of tone travels to the lymphatic glands? Or if pulmonary tubercle consist of newly-formed lymphatic cell structure by the connective tissue of the pulmonary parenchyma (heteroplastic, Virchow), how can the excessive formation of cell structure (hyperplastic) in the lymphatic glands restore the healthy growth of the connective tissue of the lung? This argument is sufficient of itself to destroy all theories which advocate a local origin for tubercle; for metastases, except in purely nervous diseases, implies the blood as the seat of the disorder, and the current of the circulation as the channel. At the Brompton Hospital, the centre of phthisical statistics, it is believed that the progress of the disease is retarded by profuse hæmoptysis. This retardation by hæmoptysis, the relief to the pulmonary symptoms which takes place on the formation of a fistula, and the increase of the lung disease on the cessation of menstruation, or on the removal of a diseased joint, like the re-appearance of cancer after amputation, are facts which, incompatible with the hypothesis of tubercle being a local disease, clearly point out both the general nature of the disorder, and the channel by which these oscillating movements are effected. Hence, you see we are agreed upon what Dr. Munk calls an important pathological law, "that tuberculous matter exists as a morbid constituent of the blood, is eliminated from it by a process, analogous to, if not identical with, secretion, and is thus deposited in a visible form in different organs or parts."

Thirdly, we come to this morbid ingredient in the blood, and naturally look to the increase or perversion of some normal constituent as its source, before we seek it in some new and strange production. Now, a normal constituent always present in the blood of a warm blooded animal is tissue waste in solution, in the form of a modified albumen. This varies greatly in amount at different times in the same individual, and requires different degrees of efficiency in the function which metamorphoses and prepares it for the excreting organs, as well as different degrees of activity in the excreting organs themselves. Doubtless, in the course of our lives we often suffer from the insufficient excretion of tissue waste, and yet do not become tuberculous just in the same manner that we often suffer from insufficient excretion of bile without becoming jaundiced; but a continued insufficient excretion of effete tissue must deprave the blood, render it more albuminous, and produce a tendency to deposition, in other words, induce tuberculosis. Without running the risk of wearying you with argument, the following facts in support of this view may be mentioned. 1. The albuminous state of the blood in tuberculosis. 2. The deficient excretion of tissue waste as evinced by the dimi-

nished proportion of urea in the urine of scrofula and tuberculosis. 3. The correspondence between the microscopical character of tubercle and disintegrated tissue according to the descriptions of the former by Dalrymple, Gulliver, Sieveking, Vogel, and others. But it is scarcely necessary to multiply arguments in favour of this view for readers of the MEDICAL MIRROR. In No. 24, for December, 1865, in a review of Dr. Pollock's work on the "Prognosis of Phthisis," page 693, we read, "if the various excretory channels are insufficient to remove the excess of material, the result will be the overloading of the blood, so that it becomes impure, and ultimately, in persons of the tubercular diathesis, deposits take place in the lungs and other organs." The writer of the review, you see, borrows my opinions. He does not, indeed, mention me as his authority, probably because he thought that it was a view of the subject no longer to be contested, and therefore common property, as much his as mine. This exactly suits me. The omission of reference to me as the suggestor is a matter of indifference, but not the theory itself; for the treatment of consumption will never be understood until the profession generally recognise that tubercle is tissue waste precipitated from the blood overloaded with it.

Fourthly, if you agree with the writer of the review above mentioned, you will be able to follow me in the indications of treatment. Now, an accumulation of tissue waste in the blood, which must precede deposition according to the theory, may arise from various causes. It may arise (*a*) from imperfect oxydation (for tissue waste unless fully oxydized cannot be metamorphosed so as to become excretable), as from breathing impure air by people crowded together in insufficient space, and from occupations or modes of dress which confine the respiratory movements. When both these sources of deficient aeration of the blood are combined, as they too often are, and long continued, one can easily imagine how mischievous they may be. Oxydizing agents, exercise, gymnastic and recreating, and bracing air, all famous at various periods are here indicated.

(*b*) From imperfect discharge of the functions of the excreting organs, skin, lungs, liver, womb, and kidneys, as occurs during convalescence, or in persons exposed to vicissitude of temperature; the restoration and stimulation of the excreting function is here of course indicated.

(*c*) From want of sleep, anxiety, worry, grief, and the depressing passions generally, so notorious in causing consumption in the predisposed. These hasten destructive assimilation, increase the wear and tear of the body, and so favour the production and accumulation of tissue waste in the circulation.

(*d*) From failure in that particular function which metamorphoses tissue waste and converts it into substances on which the

excreting organs can readily act; for tissue waste, unless metamorphosed as to its atomic elements, is not excretable by the normal efforts of the excreting organs. The chlorides and chlorates, a sea voyage (for the salts of the sea consist of 80 per cent. of chlorine salts), hydrochloric acid, and bichloride of mercury, all powerful agents in increasing the solubility of albumen, doubtless owe their virtue in phthisis to their influence over the excess of modified albumen in tuberculous blood.

(e) From a too great rapidity in the changes of nutrition, a hasty and consequently an imperfect growth and repair without a corresponding activity of the excreting organs. This hurry of the movements of nutrition is well seen in the frequent daily attacks of hectic in incipient phthisis; the pulse is unnaturally quick, and the urinary excretion, during the paroxysm, loaded with nitrogenous matter, and yet the quantity of urea passed in the twenty-four hours is less than the average of health. Cod-liver oil, fat, and milk, when ingested freely, retard or almost prevent oxydation of the tissues by being oxydized instead, that is, by occupying the force of the oxygen of respiration.

(f) From a condition of the system, from whatever causes derived, in which there is such a loss of vital energy that the tissues yield themselves more readily than usual to the destructive agency of the oxygen inspired. If there be reason to suspect that this loss of vital energy is the exciting cause of the tuberculosis, nourishing food, steel, quinine, beer, and wine, with tonics generally, are indicated.

These, in not too many words, are my views, my dear Mr. Editor, and I will now proceed, briefly, to state Professor Virchow's conclusions.

The first thing remarkable in the sketch of Virchow's work, by Dr. Delafield, in your last number, is the acceptance of the conclusions of previous authorities, without an attempt to reconcile them to his particular doctrine. Thus he says "True tubercle has no essential connection with inflammation, . . . it is however, of an irritative nature." "Tubercles are an irritating cause which produces inflammation." "Lebert's tubercle corpuscle is no original element, . . . and has no diagnostic worth whatever." "Softening is a purely chemical process unconnected with suppuration." "Tuberculosis of the glands is nearly always secondary to that of neighbouring organs." "The doctrine of a tubercular dyscrasia or diathesis, has been widely taught and believed." "Tubercle never forms part of a mixed tumour." "Tubercles are hereditary, not as a disease, but as a disposition." "A disposition to tuberculosis indicates, always, a disposition to inflammation." "The predisposition is not only hereditary, but is produced by all causes which debilitate the general system." "Metastases in distant organs are produced."

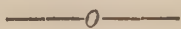
These are grains of truth, or what the scientific world in general has united to accept as truth, mixed up with a new doctrine which has no relation to them, and is, indeed, rather opposed to them, but of which the professor does not trouble himself to explain, the bearing in respect to his proposition.

This proposition is "that tubercle is a true new growth, (neoplasm), and arises not from exudation, but as the offspring, (proliferation), of existing tissues, or of newly formed connective tissue. This new growth consists of the elements of lymphatic glands (heteroplasm), where none such normally exist, and its essential element is the cells. There are no reasons given for this dogma, contrary as it is to all the peculiarities of the disease, (for instance, new growths do not disappear from one locality on their appearance in another; nor do the glands become secondarily diseased, except from the absorption of morbid elements); but we are asked to admit it on the dictum of Virchow as the result of his actual observation. Now, whoever has worked at the microscope on this subject will confess that there are only negative results to be obtained, and that these results are seldom identical. Observers have at one time fancied that they have discovered essential peculiarities by which they could distinguish tubercle whenceever derived, but others, as well as themselves, have always failed to confirm these characteristics. In truth there is nothing to be seen under the microscope but an amorphous blastema, varied occasionally by elementary traces of the neighbouring tissues.

But still, if Virchow had deduced a treatment from his hypothetical vision which offered the least chance of being successful we should be most eager to try it.

"There were kings before Agamemnon." Others, I fancy, have advised us "to fight against the predisposition by every means which will improve the general health; and carefully avoid all irritating causes, for a slight catarrh or inflammation of no moment in a healthy constitution, in one disposed to tubercles brings a new growth in its train." But to ask us "to extirpate the tuberculous mass early (the only new suggestion), from the testicles and glands," is almost too much for the gravity of the subject.

G. W. T.



THE CROCUS.

START not, gentle reader, nor think that thou art about to be entrapped into a dry scientific disquisition upon the history of plants of the natural order *Iridaceæ*. Neither of the *Crocus vernus*, *luteus*, or *sativus*, or of any endogenous plant shall my theme be; nor can or will I discourse most learnedly upon the

oxysulphide of antimony, of old called Crocus of that metal, which was introduced into the science and practice of medicine by the famous Monkish Alchemist, Basil Valentine—and no doubt received its old name of Anti-Monk metal, because of some wicked experiments made upon his monastic brethren; neither will I be eloquent upon the red oxide of iron, dignified with the fantastic title of Crocus of Mars, by the disciples of Roger Bacon, Paracelsus, Raymond Lully, or Albertus Magnus, men whom the satirist calls:—

“Nasty soaking, greasy fellows,
Knaves would brain you with their bellows;
Hapless, sapless, crusty sticks,
Blind as smoke, can make the bricks.”

My “crocus” is of a widely different order to either corn-producing plants, or chemical preparations of metals; it has a character, or rather want of character, peculiarly its own; it is of the “genus homo,” of the order vagabond, it grows not in hedges, but delights in places where the inhabitants, not the fields, are “green.” It makes its appearance in various forms; at times, with a shabby box strung round its unscrupulous neck; at others, mounted on a cart, it raises its impudent voice in the market-place; at one time it is drawn luxuriously in elegant broughams; at another, it spins its “toile d’araignée” in the form of magnificent houses in fashionable London squares, and there entangles silly and unwary flies. Perhaps the intelligent reader has, ere this, divined the order to which my crocus belongs. Its name is not to be recognised in any of the fancy titles bestowed on Crocii (?) by George, Prince of Bulb Importers, it is neither Cloth of Gold, nor Fanny Kemble, nor Ne Plus Ultra, nor New Golden Yellow. Its cognomen is derived from the vocabulary of that very “much put upon” class of society, the “snappers up of inconsidered trifles,” or, as ancient Pistol would have called them, “conveyors;” and less scrupulous folk “do thieves them hight,” and do heap further contumely upon the pilfering fraternity by styling their language “slang.”

Now, if the intelligent reader is still at a loss, I will hasten to impart to him that in less common parlance, yet still in the *vulgar* tongue, “crocus” is synonymous with “quack,” or one who travels about the country pretending to be a doctor.

Quackery has grown up with true science, like the ivy with the oak, or the mistletoe with the apple tree, so as to be inseparable, yet easily distinguishable; though, in olden times, much that passed for true science looks marvellously like quackery now, so that one hardly knows which to admire most, the credulity of the patient or of his prescriber. It seems difficult now to believe that the physician could have had faith in the

doleful compounds he prescribed, or that the unfortunate patient should have had the courage to swallow them.

Dr. Mayerne, who had no fewer than five sovereign princes among his patients—two of France, and three of England—was fond of “dosing” his patients with “pulverized human bone.” He invented a gout powder, the chief ingredient of which was “the raspings of a human skull unburied.” In the composition of his celebrated “balsam of bats,” he employed “adders, bats, sucking whelps, earth worms, hogs’-grease, the marrow of a stag, and the thigh bone of an ox.” There have been quacks in all arts and sciences ; but all sink into significance before the grandeur of the medical quack, who may boast as high an antiquity as the legitimate follower of Galen or Hippocrates—and even these reputed fathers of the “healing art” recommended practices that seem highly absurd ; what, for instance, should we think of the M.R.C.S. who prescribed, as Galen did of old, beating with a cane as a means of fattening people ? yet this practice was frequently resorted to formerly, for the *argumentum ad vaculinum* was considered as a specific, both for moral and physical failings.

Yet, however absurd the remedies, there are always to be found people eager to apply them. Witness the patent medicines and universal specifics of our day, for the cure of every known and unknown disease. Dr. Diachylon’s Saccharine-enveloped Pills for every internal complaint, and Professor Swalloway’s Ointment for the cure of bad legs of I don’t know how many years’ standing.

A quack of the true “crocus” sort was Dr. Katterfelto, who travelled about the country in a large caravan, crowded with black cats, and attended by the indispensable Jack Pudding ; he stopped to vend his marvellous nostrums at every town he came to. A celebrated French quack, Villars, whose universal remedy was “nitre and Seine water,” is reported to have cried whenever he saw a funeral : “Ah ! if the dead man had taken my physic, he might have been here carrying the coffin, instead of being carried in it.”

These same empirics are often men of some degree of skill and wit : to wit Cagliostro, the greatest imposter upon record. Carlyle’s description of him as a boy, “brass-faced, vociferous, voracious,” foreshadows his career as an impudent quack. His progress in cunning was short, yet brilliant ; and in spite of his being possessed of “the elixir of immortal youth,” he died in 1795, in the fifty-second year of his age.

Dr. Graham, of celestial memory, who travelled the country in a magnificent equipage with his attendant named Andrew, one day at Chelmsford, told the country people, in order to promote the sale of his medicines, that he came there for the good

of the public, not from want. "Andrew," said he, "do we come here from want?" "No, indeed, sir," replied Andrew, "we have enough of that at home."

The modern uncertificated professor of the healing art is now rarely to be met with, travelling in the same manner as his historical predecessors. Time was when the vendor of nostrums progressed from town to town with almost regal splendour, with horses of the best breed procurable for money (for your professed body-curer had no lack of the needful), carriages of the best build, his own portly person enveloped in the glossiest of broad-cloths, his profusely powdered wig of the latest and most fashionable make, his fingers loaded with jewels, his lying throat encircled with the costliest Mechlin or Valenciennes lace, attended by lackeys in liveries of the most eye-dazzling colours, and finally, by the indispensable Jack Pudding in the most extravagant costume his eccentric fancy could devise.

The "crocus" of the time present may be classified into three distinct varieties, yet all having affinity one with the other; as it is not unfrequently the case, that the one is a mere transitional state of the other two. His clientèle are those persons "whose bodies or minds ail something, they know not what," and whom "our physicians decline to humour in their fancies of being ill . . . losing their practice to others that pretend more skill in finding out the causes of disease, in advising remedies which neither they nor their patients find any effect of, beside some gains to one and amusement to the other."*

But to return to our muttons:—First, the crocus in full bloom, flourishing in country towns. In many provincial streets the attention of the curious traveller is arrested by the strange appearance of a window, which at once partakes of the character of a picture-shop, an apothecary's emporium, and the warehouse of the vendor of greengroceries.

There are various coloured prints intended to realize the appearance of the human viscera in the healthy and unhealthy state; samples of simples hang suspended in a state approaching vegetable mummy; gigantic bottles filled with various coloured liquids, which, if the hieroglyphic characters on their exterior are to be understood as describing their composition, must be composed of a mixture astronomical, astrological, and anomalistic.

In one corner of the window are heaped piles of pill boxes, destined to contain the "Essential Eradicator of Podagral Infirmities," by which I suppose is meant something good for the gout; in another, a heap of small bottles, containing some oleaginous nastiness, described as "The Anæsthetic Compound, to

* Sir W. Temple's Miscellanies.

arrest Dental Necrosis, and to abolish the agony attendant upon the undue exposure of the central pulp or nerve, a specific." Displayed from various parts are bills, setting forth in equally grandiloquent language, that upon certain days at specified hours a lecture will be delivered upon "The Structure and Functions of the Human Frame" (of course with copious reference to the Essential Eradicator and the Anæsthetic compound), by Fitz-Alan Brown, Licentiate in Medicine, of Rowdyopolis, U.S., and Doctor of the University of Grooterheiderdomkopsberg, Germany, whose self-declared mission is to relieve the sufferings of frail humanity: who has (as the afore-mentioned bill declares) qualified himself at an immense expense (about ten pounds) to smite powerless the hydra Disease, and who, with laudable philanthropy, has descended from the proud station he should naturally occupy, in order to alleviate the sufferings of distressed human kind, at a small expense, which he feels bound to take, not from any pecuniary need on his part—oh dear no! but in order that his patients may be relieved from any embarrassment they might otherwise feel, did they receive counsel and medicaments gratuitously. This class of quack usually accumulates a rapid fortune, if he is not brought to sudden grief and an untimely end in connection with such newspaper announcements that meet the eye from time to time, headed "Mysterious Death of an Old Woman,," wherein we learn that ultimately one Fitz-Alan Brown, *alias* Blue Bob, *alias* Turnip Joe, ex-costermonger of the Recent Incision, *vulgo* New Cut, did, "on a certain day, wilfully and feloniously administer, knowing, &c., thereby causing the demise and decease, &c., &c.," the final result of which is, that Fitz-Alan Brown, with all his aliases, is compelled to labour (hard) in one of her Majesty's gaols for a term reckoned in calendar months; no consideration being made for his scientific discovery in the form of the Essential Eradicator, and as for his invention of the Anæsthetic Compound, it is greeted with a fiendish and persecuting laugh.

Crocus number two, in leaf. The scene is the market-place of any provincial town on any market-day in England; the stage, such a one as Roscius of old, his face stained with wine-lees, strutted and fretted his hour upon—namely, a cart; the audience, the usual market-folk; the actor, the big-jawed, tapering-headed, bold-eyed impudent scamp, brandishing in one hand a small phial, in the other grasping a human skull.

"No doubt you wonder that a man of my talent and experience should thus descend to play the fool at a cart's tail. The reason is simply this; I have in my hand here an article, which I know to be so vastly superior to anything ever yet offered to the public, that I consider it an imperative duty, which devolves on me as a member of that family which is born to suffer and endure, to omit no opportunity of making as widely known as

possible this universal panacea for all the ills that flesh is heir to. If the voice of wisdom crieth in the market-place, why should not I declare, that in this small phial, which I hold in my hand, you have a most valliuable remedy" (with a dreadful *R*), "which I can afford to dispense for the nominal consideration of one penny; the larger size three-halfpence, or a still larger, containing the amount of nine smaller ones, for sixpence."

The words look tamely upon paper, for it is difficult to describe the tone of voice with which these bombastic sentences are conveyed to the ear: as the penny-a-liner says, it is much better imagined than described.

Crocus the third, in the bulbous state, is frequently seen with box round its neck, vending what to the uninitiated seems to be sealing-wax of a greenish hue, the use of which will be discovered by listening to his own description of his wares, delivered in a tripping tone of voice, with a perfect absence of expression upon his face, his aim being to keep a bright look out for the policeman :

"Now my friends, I have in my hand a small portion of a compsn (composition ?) which no person should be without. It is composed of the herrub of the field, and the mineral drawn by the skill of man from the interior of the earth. Its price the nominal charge of one penny, and its use I will proceed to describe.

"Most of us are troubled with parasitical callosities upon our hands and feet, some more, some less : now these callosities are three-fold ; a corn, or a wart, or a bunion. Corns come by pressure (*pr.* preshah), the too close embrace of a tight boot on the foot, or not unfrequently a boot too large will produce the same effect as one too small. Now by removing the pressure, and by the application of my compsn, these, alas ! too painful companions may be entirely eradicated.

"The method of applying the compsn is in this wise. Take a small piece of linen rag, warm the compsn at the flame of a candle, exactly in the same manner you may see me doing ; spread it upon the rag, and apply it to the affected part, and I will guarantee its entire removal in an incredibly short space of time. Some persons think that because this article is offered in the public streets, at such a low figure, that it is utterly worthless : this is not the case. I am a poor man, and unable to expend thousands in erecting a magnificent emporium for the sale of my compsn ; neither can I afford to support the various newspapers in advertising my celebrated compsn. A late celebrated writer once observed, that a diamond would not be believed to be a diamond if seen upon the hand of a beggar ; and so you may argue if you will against the efficacy of my compsn, because I vend it in the public streets, at the nominal charge of one penny. If any gentleman present has a corn, or a wart, or a bunion, I will remove it for nothing, without causing the slightest pain, or shedding one drop of blood. The method of applying the compsn is in this wise."

He then proceeds to repeat all that he has previously said, in precisely the same tone, with exactly the same words, covering his hand with small portions of the "compsn," spread upon paper, to show the mode of application.

Thus have I humbly endeavoured to depict the characteristics of a plant, which is happily getting rarer, and which may soon

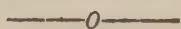
become as extinct as the *Dinotherium* or the *Dodo*, but which may be preserved until the day of doom, for knaves are everlasting, and fools equally enduring. Fortune favours the bold, yea, even the bold crocus.

More than a hundred years past (in 1750), a mad lifeguardsman predicted that London would be overthrown on a certain day. This induced an impudent quack to sell a large cargo of pills, which he assured his customers "were good against earthquakes!"

That credulous people will take any stuff that will serve for any complaint they may imagine they have, witness the following:—

An actor, celebrated in London, and at this present time part proprietor of a theatre in the big village, was one day, through circumstances needless to recapitulate, travelling with a fellow Thespian to a certain town where they hoped for an engagement. They were unsuccessful. Disappointed, they regarded each other in dumb agony, their utter hopelessness too great for expression. Their joint finances amounted to threepence-halfpenny, insufficient to procure a single meal. Suddenly a bright idea occurred to one who knew the credulity of human nature. With the odd coppers he bought some peas and flour, borrowed a tray, sallied forth into the market-place, and realised sufficient to carry himself and his companion in comfort home, by selling the peas and flour as the only cure for every disease under the sun.

AN OXFORD MAN.



HOLIDAY NOTES ON PARIS AND ITS HOSPITALS.

THE recent discussion in the Medical Council, as to whether it were better to be guiltless of Greek, and to know French or German; or, knowing nothing of these, to have some smattering of the Homeric tongue; reminds us, we must confess, of the question one sometimes hears debated in juvenile circles, as to whether it is better to be blind, or to be deaf and dumb instead. But, however, opinions may differ on these knotty points, all will admit that even his vision, who as yet "sees men only as trees walking," is better than that "total night" which the wholly blind endure. In the present day, and we believe it will be still more as the times advances, some knowledge of French is an essential to the medical man who wishes to keep in the fore-front of his profession, and scarcely less so to him who desires to retain the character of a well-educated gentleman. But those of us whose juvenile minds were nursed as far as Gallic

literature was concerned, upon Telemachus, or Charles XII., taught perhaps by a polyglot Pole, or a gallicised German, however, our stock of words may suffice for reading the works of our lively neighbours (for it may be that the holy hunger of the golden grain of French science and literature, has provoked us to further researches by the help of well-thumbed dictionaries), feel somewhat shy at airing our French in public. Hence many, a general practitioner or even medical student, when he gets a holiday, goes for the ninth time to some dull watering place, where he knows every pile of the pier by heart, and almost every pebble in the promenade, rather than cross the channel, and get a complete change on the shores, or in the interior of La Belle France. Or if he venture as far as Paris, he rushes to an English hotel, consorts with his compatriots solely, and making Murray his guide and guardian angel, sees just what is planned out by this presiding providence of tourists. Our purpose in writing this paper is just to recommend our friends in the profession to cast off this timidity. We can assure them by our own experience, that a small stock of French goes a great way. Some knowledge of the grammar, the names of the common necessities of life, the numerals, and a few common phrases aided by a pocket dictionary, will enable them to make their way in almost any part of France. And we suggest that it might not be amiss for the medical man to get a view of some of the Parisian hospitals, and to note both the resemblances and the contrasts in the cases, and in the modes of treatment.

Now with regard to *outfit*, this must, of course, be regulated by the length of stay; and if our friend has acquaintances in Paris, or procures introductions to French families, he will of course require a more extended wardrobe than if he merely goes there as a stranger to look about him. It is, therefore, useless to lay down any rules as to coats, waistcoats, &c. But one thing we would emphatically say, as you value your peace of mind don't take too much luggage. A large stock of linen is specially useless in Paris, because the tourist can get washing both well and cheaply done there. I would, however, strongly advise a passport to be taken. It is not *de rigueur*, and I myself dispensed with it, but I found that it would have been very useful in gaining admission to some of the sights.

It is too, of more use in the provinces than in Paris, village officials being somewhat officious, and as the expense is only about two or three shillings it is quite worth incurring. Now, as to the *route*. That from Dover to Calais is the shortest sea-passage, but the expense is almost double that of some of the others. By either this, or that from Folkestone to Boulogne, the medical traveller would pass through Amiens, which is now suffering so severely from cholera. Its noble cathedral is the

chief attraction to ordinary tourists. There are several other ways, but the only ones deserving special notice here, are those by the London and South Western, from Southampton to Le Havre, and that from New Haven to Dieppe, from London Bridge—both of these are cheaper than the former, and either is sufficiently good. But I prefer the latter, (*via* Newhaven) and I believe most travellers would like Dieppe better than Le Havre. In returning, however, the views of the Isle of Wight, and the Southampton water, obtained by the former route, are very lovely. On arriving at the Newhaven terminus, it is well to get some refreshment before going on board the boat. I would advise the comfort-loving traveller, if he have taken a second class ticket, to pay the difference on board the packet, unless he intends to stay on deck the whole time. A day may be pleasantly spent at Dieppe, in viewing the town, its harbour, and the fine church of St. Jacques, and also the environs, which are very pretty. There is a fine hospital there, of some 500 beds or so, which, as is usual in French towns, is more of a *Hospice* than a *Hôpital*, and is, in fact, an infirmary, poor-house, asylum and lying-in-charity, all in one. I was much pleased with its neatness, and clean, cheerful, aspect—as well as with the appearance of the patients and inmates. Some boarders were taken, who pay a certain sum towards their maintenance. The waxed floors, clean white bed-curtains, bouquets of flowers, and an image of the Madonna, or Christ upon the Cross, in every ward, at once strike the attention of the English traveller.

Here, as elsewhere, the nursing is under the direction of the *Sœurs de la Charité*, who answer to what are called “Head-Nurses,” or in some hospitals “sisters” with us. As far as a stranger could judge, these good women did their work well. The manual labour, and much of the detail is done by hired women, under their superintendence. This description applies generally to the Parisian hospitals also. The *Hôtel Dieu* has, however, a special order of sisters of charity, who devote themselves to its work. In Paris the washing of the hospitals is chiefly done at the *Salpêtrière* hospital, but in provincial institutions they mostly do their own. It so happened that in visiting this one at Dieppe, I found my way to the laundry in the first instance, and one of the laundry-women acted as my guide in showing me the wards, there being no resident house-surgeon, and my visit being too late in the day for the visiting medical men. This warns me to remind my readers that French surgeons and physicians almost invariably pay their visits to the wards of the hospitals early in the morning, usually from eight to ten a.m. So that in Paris, the medical visitor, as the hospitals are somewhat scattered, will probably have to rise at six a.m., if he wish to have some breakfast first. In any case, I

found that Murray's warning about Paris cabs was true—that less than half the accustomed London speed is to be expected from them. As a set-off, you know exactly what you have to pay, and the drivers, as far as my experience goes, are very civil and obliging.

An amusing incident occurred to me at Dieppe. Two little girls, sans crinoline, came up to me begging. Their ages were about ten and twelve respectively. They were not ragged, nor did they wear a hungry look, so I asked them what they wanted money for? and the ready response was "Pour acheter des jupons!"

Every traveller should stop at least one day if not more at Rouen. It is the most interesting place I ever was in. In no other town that I know, do the Middle Ages and the 19th century come so closely together. Broad quays, and busy wharves, with fine modern buildings, new streets, and factories and warehouses, are mingled with memorials of Jeanne d'Arc, and queer old-fashioned houses, older than her time, and above all, some of the finest churches in the world dating from the 13th and 14th centuries. Besides the Cathedral of Nôtre Dame, and the stately churches of St. Maclou and St. Ouen, there are at least a dozen churches well worthy of the visitor's attention. There are, I believe, *two* large hospitals here, although I only saw one.

Arrived in Paris, the visitor must choose his hotel, according to his plans and his pocket. The Hotel de Lisle et d'Albion is a good one, and is so appreciated that it is not always possible to get apartments there. This is in the Rue St. Honoré, and just round the corner is the Hotel d'Oxford et Cambridge, in the Rue d'Alger, which offers very clean and quiet lodgings, with breakfasts, &c., but they have no *table d'hôte* here; but this matters little, as the one at the Hotel de Lisle et d'Albion is just at hand, or the tourist can dine at a restaurant in the Palais Royal. Those to whom economy is an object, can get good bedrooms at a reasonable rate at the Hotel Victoria, 11 Rue Lepelletier, près le Boulevard des Italiens, which is very near the Gare de l'Ouest, or the railway station, by which travellers *viâ* Newhaven or Southampton arrive. A cheap, but by no means bad dinner, can be obtained at the "John Bull," in the Place du Rivoli, just opposite the commencement of the Jardins des Tuilleries. Richard's, in the Palais Royal, is a little dearer, but the style is rather better, and the *vin ordinaire* very good. Having been a total abstainer for a long period, I am able, after a trial of the wines ordinarily drunk in France, to state my full conviction that when taken in moderation, and *mixed with water*, as is almost universal on the continent, they are well adapted for beverages, and free from the objections which lie against alcoholic beverages generally. So cheap are wines, that in some

shops a very fair glass of wine, equal to a small tumblerful, can be got from 1d. to 2d.

The stranger cannot fail in France to be struck with the general sobriety of the people; and this in spite of the cheapness of liquors. The general use of coffee, the prevalence of newspapers, and the out-door life of the people, no doubt conduce to this end. I fear that absinthe is introducing a greater love for spirits, and will tend to increase the number of victims of the disease, which owes its name to Dr. Bright.

With regard to Paris, the old city was objectionable in almost every way, in a sanitary point of view; and much yet remains to be done. But the Emperor and M. Haussman, the préfet of the Seine, aided by a liberal municipality, are effecting wonderful improvements. The new Boulevards, and wide streets, and the parks and public gardens, together with the new sewerage, will, I have no doubt, work wonders. In past years the deaths per 1,000 in Paris were some 6 or 7 more than in London, but we may confidently predict that these will be diminished after a year or so. Everywhere old narrow streets and crowded courts are being pulled down, and new and healthier residences erected, with wider streets. The Emperor, too, is constructing two new parks, on the north and south of Paris respectively. The former on what is now called the Buttes de Chaumont, which until lately was a complete den of thieves; this is to be a specially splendid example of landscape gardening, and there is to be a cascade there with a fall of 60 metres, or nearly 200 feet, which will quite eclipse the famous cascade de Longchamps, in the Bois de Boulogne.

The southern park is to be on the site of the Chateau de Vauvres, or Vauvert, and is also to be a grand affair. In the matter of water supply, Paris is already far a-head of London, although not so well supplied as it should be. I learn from the *Siècle*, that Paris has 200 litres (or nearly 44 gallons) of water per diem for each inhabitant, whilst London has only about 90 litres (or under 20 gallons); this including, of course, the total supply for watering the streets, parks, gardens, for washing, and all purposes of manufacture. In this respect, both modern and ancient Rome far surpass both our western capitals, the former having nearly 220 gallons to each inhabitant, and the ancient city had nearly 440 per diem. In this respect the wisdom of our ancestors speaks for itself.

No doubt the primary effect of the alterations now making in Paris will be to increase overcrowding until new houses are finished, or more of the people take up their residence in new quarters. This probably explains the fact that phthisis, or some form of tubercular disease, strikes one as more common in the Parisian hospitals than one could expect. But, as a set-off

against this, it is fair to remember that the French hospitals assume the purposes of our workhouse infirmaries (better managed though, to our shame).

A very large proportion of the total population of Paris is found in the hospitals and hospices, the total number of inmates at one time amounting to nearly 18,000, and some 10,000 or 11,000 deaths, or quite one-third of the total mortality of Paris, takes place in these institutions every year. Renal disease is more common in Paris than, in consequence of the general sobriety of the people, and the small consumption of spirits, at first one would expect, but I have no doubt that this depends much on the variable nature of the climate of Paris, the extremes of heat and cold, and the daily variations of temperature being very great there. Thus, on June 8th at six a.m., the thermometer in shade marked $16\cdot5^{\circ}$ C. ($61\cdot7$ Fahr.) whilst at two p.m. it $= 28\cdot8^{\circ}$ C. (or $83\cdot84$ Fahr.) On the 17th June at two p.m. there was hail, and a temperature of 10° C., or only 50° Fahr., and, on June 21st, the temperatures were—

		Centigrade.		Fahrenheit.
At six a.m.	=	$15\cdot8^{\circ}$	=	$60\cdot40^{\circ}$
„ noon	=	$27\cdot8^{\circ}$	=	$82\cdot04^{\circ}$
„ two p.m.	=	$28\cdot7^{\circ}$	=	$83\cdot66^{\circ}$

or a difference of $23\cdot26^{\circ}$ Fahr. in about eight hours !

To come more particularly to the hospitals. I would strongly advise those students of medicine who can afford it, to take at least a year in Paris in medical studies. The cheapness of subjects for dissection, and the fact that this is not necessarily interrupted by the approach of summer, as with us in England, is an additional inducement. It is much to be wished that our Medical Council were liberal enough to allow this time in the curriculum. I feel sure that if our examining bodies would allow a little more free trade in medical education, our own hospitals and colleges would not suffer, as their fame would necessarily spread. As it is, there is much ignorance in Paris on the state of British medicine and surgery, although translations of most of our standard works may be seen there. Those who wish to see the practice of military hospitals, the male and female venereal ones (du Midi, et de Lourcine) and the Maternity, must write to “ M. le Directeur-Général de l'Assistance Publique ” for permission to do so, accompanied by their passport, or card, and some proof of identity. Permission was most courteously granted me for all that I asked. If their stay in Paris is limited, it is better to see the practice of a couple of small hospitals than to run the gauntlet of all. The Hôpital Beaujon, at the end of the Rue du Faubourg St. Honoré, or rather St. Philippe du Roule, is one of the best ; it is quite a model little hospital, on something like the pavilion plan, it has only about sixteen beds

in a ward, the walls are of a neutral green, which is very nice for the eye, and it has particularly clean and roomy wards. M. Richard, who is known in England for his ovariectomy operations, is one of the surgeons here. He is particularly kind to English visitors, and speaks our language.

Here I saw some cases of varicose veins treated by injection of per-chloride of iron, which appeared very successful—in one, by a misadventure, a little had escaped into the alveolar tissue, but the only ill-result was a slight local abscess. M. Richard was intending, in private practice, to once more try the gradual evacuation of an ovarian cyst, by operating with caustic, and forming a fistulous opening. I hope to be able, bye-and-bye, to communicate the result to the readers of the MIRROR. There were several cases in his wards of cataracts which had been successfully operated on. There are two or three institutions for the blind in Paris, but there are no Ophthalmic Hospitals, to the best of my knowledge. But there are oculists of repute at several Hospitals, and M. Désmarres has a clinic (private) of some 7 or 8000 cases a year, and M. Richard Liebreich has also a large private clinic, at No. 27 Rue St. André des Arts, where twice a week he gives demonstrations, lectures and does operations. His success appears to be a sort of *bête noire* to the Parisian faculty. I have to acknowledge with gratitude his kindness to myself, and the pains he took to render his cases as instructive as possible to me and his other Medical visitors. He laid great stress upon the occasional danger of strong solutions of atropine used for Iritis, finding their way by the puncta into the pharynx and stomach, unless the precaution be taken of temporarily compressing at least the lower punctum. He said he had known cases of poisoning occur. In most of his operations he dispenses with chloroform. He advocates the use of a suture for the conjunctiva, in the operation for strabismus, but it appeared to me that he made a larger opening in that than Mr. Critchett usually does. He is a warm advocate for Iridectomy in Glaucoma, and occasionally in Iritis, &c., and he usually practises the linear operation for cataract. Amongst his patients I saw one of the most remarkable cases of glaucoma in a girl of eighteen or twenty, and attacking both eyes, that I ever witnessed. It was in truth a crucial instance. The enlargement of the globe from tension, at first simulated malignant disease, but there was none. Slight atrophy of the discs had taken place; but there was still very fair vision. The pain however, was very considerable.

I attended, of course, the Hôtel Dieu. This is one of the queerest, most straggling, and badly arranged hospitals it is possible to conceive of, situate on both sides of the Seine, the two parts communicating together by subterranean passages, or per-

haps one should say sub-aqueous. The beds are too close together, the ventilation bad. However, it is condemned, and a new hospital will shortly be erected, so that we may spare our indignation. But it may be well to state as a corollary to the above description, that I saw more erysipelas and sloughing wounds and pyæmia there than in any other hospital.

My readers of course know that the surgeons and physicians of the Hôtel Dieu have rendered it famous throughout Europe. But M. Trousseau has retired, and M. Jobart de Lamballe is mentally afflicted, and is of course superseded, so that new names and faces will greet one now, but men who we believe will fully keep up the old repute. To name one would be invidious, except in so far as thanking M. Dolbeau for his personal kindness to the writer. M. Maisonneuve, one of the old veterans, is still there. Many familiar names at other hospitals are now wanting. M. Ricord has retired from hospital practice. M. Chassaignac also is gone, and the veteran M. Civiale now seldom does duty at the Hospital Neckar. Some wire splints which I saw at the Hôtel Dieu, appeared to me very nice and light, yet sufficiently strong. There are too many students attending here to make it a good school for any one who has not a thorough command of French, and also plenty of assurance. But to me, as a stranger, all the staff and students were extremely polite, as indeed I found at every hospital, and of all Frenchmen.

There is a good story told of the Hôtel Dieu concerning a little difference of opinion between the (lay) administration of the hospital and one of the medical staff. The latter had ordered his patients very liberal allowances of Bordeaux wine. This, the administration did not admire on the ground of expense. And it was therefore intimated to the doctor that he had exceeded his authority, and that the supplies must be curtailed. "Very well," said he, "have it your own way then;" and he immediately put *all his patients on quinine wine*, which was of course so much more expensive, but being a *medicine* in the strictest sense of the word, the administration dared not refuse it, and had the good sense to take the hint and yield to the witty doctor. A hint which might, I think, be of use at home sometimes.

Most medical visitors to Paris will be attracted by the fame of the Hôpital St. Louis in cutaneous disorders. It contains upwards of 800 beds. The wards are lofty, but are rather too crowded. The upper ones too, from the fact of the roof being vaulted, and supported by heavy cross beams at short intervals has a singularly heavy and unpleasing effect. Besides the skin diseases, there is a great deal of general surgery here, and a very fair selection of uterine cases. Some cancroide

ulcers here interested me much.* A fractured femur was put up, too, in a sort of double Liston's splint (one for each leg), with a pelvic portion which was fixed, whilst the other portions admitted of being swung or raised up for purposes of cleanliness without disturbing the fracture. This seemed to me a very good and useful form of splint. Here, too, I saw large abscesses punctured with trocar and canula, and strong tincture of iodine injected afterwards. This, of course, is not new, but the disinfectant property of the iodine in one case where the foetor was intense, particularly attracted my attention.

(To be continued.)

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THE BEER WE DRINK.

AMONG the household gods of a true-born Briton, beef and beer hold no unimportant position. From his earliest infancy the Englishman is nourished on that combination of malt and hops, which remains throughout life one of the principal ingredients of his daily food ; he imbibes it with his mother's milk, for it is a well known fact that stout is usually recommended to mothers while nursing their infants, and his worn-out frame in the decline of life is often cheered and invigorated by his daily "drop o' beer." For centuries, ale has been the principal drink of our lower and middle classes, and within the present century it has had a rise in the world, and is now almost as common in the halls of the great, as in the cottages of the poor, and is, we believe, by no means despised by the first gentleman of the land. Taking into consideration the immense amount of malt liquor daily, nay hourly, consumed in London alone, it becomes a serious thing to consider the immense extent to which its adulteration is carried. We do not mean to imply that the large manufacturers of this article of consumption are guilty of wholesale poisoning of their fellow creatures—for it can be called by no milder term—although, indeed, some of our most celebrated brewers have laid themselves open to grave suspicion in this respect, but we *do* mean to imply that the licensed victuallers of England and of London in particular, adulterate the liquor which they sell over the counter to an alarming extent, and that if the prevalent opinion regarding the deterioration of race be correct, the accumulation of poisonous filth which the English artisan daily pours into his system, has a considerable share in the ruin of his constitution, and that of his offspring. Were the so-called friends of the poor man to begin their benefits by giving him good and wholesome beer, it would be

* Tuesday is the day on which M. Hardi gives his clinicals, although he is common with all, or nearly all, French physicians and surgeons, visits his wards daily.

a more lasting and more substantial boon to him, than their frequent *propositions* to christianise him by Act of Parliament.

The introduction of some simple and instructive Sunday amusements has been so often advocated by sensible and intelligent men, and so often knocked on the head by fanatical fools, that we begin to despair of ever seeing it accomplished, and the natural consequence is, that the working man has no other resort than the public house.

Now, if the beer retailed in the metropolis is bad, that in the suburbs is infinitely worse; and it is anything but pleasant for a working man, after toiling with his wife and family, on a hot Sunday afternoon, to the top of Highgate Hill or Hampstead Heath, to be obliged to quench his thirst with a glass of ditch-water at an exorbitant price, whilst the publican pockets his two hundred per cent. and grins, Mephistopheles-like, at his discomfited victim.

There is, however, no evil so gross, but that there is a means to eradicate, or at least, to ameliorate it, and even the existing grievance might be put down, were prompt and proper measures undertaken by Government. We see no reason why a feasible plan which has been adopted in some parts of Germany and Switzerland—where, by the way, beer is consumed in as large, if not larger, quantities than in England—should not be tried here.

The plan first adopted we believe by the citizens of Bern, was simply this. A select committee was formed of some of the most respectable burghers of the place, who were good judges of beer, and whose opinion was unbiassed by any family or business connection with the retail dealers, who visited from time to time, either singly or in a body, the various beer-shops and public houses in the town, and after tasting the beer and carrying away a small quantity for the purpose of analysing it, gave a verdict whether or not the publican deserved a renewal of his licence. Such a surveillance might easily be instituted in London, and each parish, by forming a committee of some of its most intelligent and respectable inhabitants, might improve the health of thousands of human beings, and do something towards averting a continuance of such fearful pestilence as that which has again made its appearance in the east of the metropolis.

There would be little expense entailed were Government to appoint an analytical chemist, at a moderate salary, to analyse the beer thus brought to him from metropolitan beer-houses, and each corporation might, should they also adopt this plan, pursue the same course.

We believe no periodical has as yet taken this subject into notice, and we feel sure that in recommending this or some similar plan to the consideration of the proper authorities, we shall be supported by the opinion of the public generally, and our medical readers in particular.

July, 1866.

“THE MEDICAL SPECTATOR.”

REVIEWS AND NOTICES OF BOOKS.

Mission Life in the Islands of the Pacific. A Narrative of the Life and Labours of the Rev. A. Buzacott, &c. 8vo, Pp. 288. London: John Snow and Company.

This is the memoir of a very remarkable man, who was well-called "The Model Missionary," and with whom it was our privilege to become acquainted during his five years' stay in England. Some of Mr. Buzacott's friends will perhaps complain that this is less a memoir of *Him* than they might desire, and rather a sketch of missionary enterprises in the Island of Rarotonga, and the South Seas generally. Still there is enough of him to show that he was no common man. In addition to all his work as a preacher and a pastor, he assisted Mr. Williams in building a ship, taught the natives nearly all the common arts of civilized life; made a grammar and dictionary of this hitherto unknown language, translated, and himself printed, nearly the whole of the Bible, and some twenty other books, including manuals of history, geography, arithmetic, &c., &c.; and taught some thousands of people to read and write; and as we learn from the memoir was also their physician and surgeon. It is a praiseworthy feature of this volume that there is a special chapter on medical practice and the diseases prevalent in the Harvey Islands. It is, of course, this part of the book which brings its review strictly within the scope of a journal like ours. Notwithstanding the fact that there is a Medical Missionary Society, that many in our profession are the warm friends of Christian missions, and that several missionaries are duly qualified medical men, the majority of our missionary works are singularly devoid of special interest for professional readers. That objections might arise to the incorporation of purely medical details, with information intended for general readers of both sexes, we are well aware; but we believe that the addition of an appendix would obviate most of these, together with the use of Latin names for the nosological portion.

Besides, the columns of our medical journals are freely open to, and would gladly welcome, communications either from missionaries abroad, or from those who return to this country. In this respect Dr. Livingstone has, as yet, disappointed us, and Dr. Lockhart's papers in the medical journals have been chiefly historical, and rather referring to the crude notions of the Chinese, than to the kinds, characters, and behaviour of their diseases.

We suppose this reticence on the part of missionaries, is due to a two-fold cause—a want of time, because, when abroad, their daily duties are so numerous, and at home, the Directors of the Missionary Societies keep them engaged in addressing public meetings, &c. ; and a natural timidity on the part of those who are not doctors by diploma, but *ex-necessitate* to write in the face of medical criticism. Yet we can assure them that this criticism will be friendly, even when it may find fault. That the heads of our profession are not hostile to missions, may at least be gathered from the fact, that at some of our hospitals and colleges, if not at all, it is not the custom to take fees from missionary students.

On the question of *time*, it is difficult for us, writing at ease in our study, to dogmatise. Yet we believe that a missionary might do much to enlighten our Western ignorance, and to benefit mankind in general, by simply devoting some *five minutes* a day to recording some of those numerous facts which fall under his daily notice.

As the editor of this work says : A European missionary is compelled to be the doctor of the savage :—

“Surrounded by a people ignorant of medicine, except in the use of a few herbs, oils, &c., and appealed to for help, by those who cannot but recognise him as their superior in most things, it is impossible to refuse to make every effort to allay suffering, and stay the progress, if he cannot make a complete cure, of any complaint. At Avarua a number of patients always presented themselves for examination and treatment at six in the morning, and at the same hour in the evening at the surgery.”

A list of the diseases prevalent in the island, with the native names, is given at the end of the work, and has been revised by Dr. R. Bennett. It aims at being complete, but, oddly enough, it omits ague, or pernicious intermittent fever, which we learn from the body of the work is very severe and common. We may presume, too, that the natives gave some names to the hooping cough, influenza, and measles, which were introduced by foreigners in 1848, 1851, and 1854 respectively, and which wrought such frightful havoc amongst them (p. 111); but these are not given, nor those of small-pox, and the other fevers acquired from foreigners ; may we suggest also to Dr. Bennet that undue prominence is given to the *name of syphilis* by placing the note upon it as the last portion of the whole book, whilst the value of the note to the medical reader is reduced to *nil* by the entire absence of any classification of the symptoms. For all that we learn to the contrary in the note, true syphilis, or indurated chancre, may be entirely absent in these islands.

We suggest that in the next edition of the work this list and the note should be incorporated with the chapter on “Medical Practice,” or the chapter itself made an appendix to the book,

if preferred. We have condensed this list, without omissions, as follows :—

Scrofula and Tubercular Diseases, including Phthisis and Leprosy.	
Syphilis.	[Ague.]
Dysentery.	Diarrhœa.
Rheumatism.	[Small pox.]
[Hooping Cough.]	[Measles.]
[Influenza.]	[Bronchitis ?]
Purulent Ophthalmia.	Thrush.
Tetanus.	Mumps.
Pneumonia.	Pleurisy.
Apoplexy.	Epilepsy.
Elephantiasis.	Lepra.
Cataract.	Amaurosis.
Boils and Abscesses.	Renal Diseases and Dropsy.
Glandular Affections.	Varices and Ulcers.
Caries and Necrosis (of bones and teeth).	Hydrocele and (?) Orchitis.

We think that in a second edition this catalogue is likely to be considerably enlarged.

Some interesting details are given of the climate. It seems that the Harvey Islands lie in the tracks of fearful cyclones, or hurricanes, which carry devastation and ruin in their track. Such was the case in 1831 and in 1846, on which occasions the whole settlements were destroyed, and almost all their provisions.

At p. 97 we find the following table of the fall and rise of the mercury during the storm, March 16th and 17th, 1846 :—

16TH.					
10 a.m.	...	...	...	...	29.50 inches.
7 p.m.	...	...	...	...	29.00 "
10 "	...	...	...	...	28.50 "
12 (midnight)	...	...	...	...	28.00 "
17TH.					
1 a.m.	...	...	...	...	27.70 inches.
2 "	...	...	...	...	28.00 "
4 "	...	...	...	...	29.00 "
6 "	...	...	...	...	29.50 "

An interesting account of the volcano in the island of Tanna is given at pp. 167, 172, but our space will not allow us to quote this.

The natives are a fine race, or perhaps we should say were, for the privations induced by the hurricanes, and want of food, together with the new zymotic diseases introduced by European ships, have reduced the population of one island, Rarotonga, to less than half its former number.

Take this account of one of their chiefs :—

"Makea was six feet two inches in height, without shoes, which he never wore, and so stout, that he looked rather short than tall. His thigh, which I had the curiosity to measure, was exactly the size of my body, his feet and legs, up to about two inches above the knee, as well as his hands and arms to a little above the elbows, were most beautifully tattooed. His

colour was fair for a native, which displayed the tattooing to advantage. We had no means of accurately weighing him, but I should think he was nearly five cwt. His son, who went to Sydney in 1842, who was short and small when compared with his father, weighed 312 lbs."

It is worthy of note that the chiefs, who were confessedly finer men than the rest of the natives, made use of a mixed diet, of animal and vegetable food, whilst the rest of the population were vegetarians. Of the effects of scanty and improper food on both the missionaries and the natives, we have some interesting details in pp. 38 and 241. In the opinion of the missionaries this was the chief element in the causation of phthisis and other tubercular diseases, which after the famines, were only too prevalent. It is somewhat noteworthy that the native name of these is almost a translation of the Greek—it is Maki-marō, or the withering diseases. (P. 103.)

It is somewhat remarkable that disease and privation have proved so much more fatal to female life in this island (Rarotonga), that in 1854 it was found that there were 150 men to every 100 women! (P. 111.)

At p. 109 we find it recorded that in an epidemic of measles, the first from which the natives had suffered, Mr. Buzacott treated half his cases homœopathically and half on the old system. We are told that the result was greatly in favour of globules. We are not surprised at this when we learn that Mr. Buzacott had been in the habit of giving, and the natives of taking even of their own accord, heroic doses of all the drugs employed. We hope that homœopaths when they quote this, will at least have the honesty to inform their readers, that it is not the custom for orthodox practitioners in our day to pour in potent drugs in zymotic diseases. Nor do we believe that the best men in our profession ever did so; such men we mean as Sydenham and Boërhave, &c.

Dysentery is now one of the chief scourges of the Harvey group; and in the opinion of Mr. Williams it was imported by a person from Tahiti. It appears to have been unknown before the arrival of foreigners. It is suggested in this book (p. 100) that long and heavy rains, and malaria, together with improper diet, have been the causes of it. Our own opinion, whilst admitting the malarious origin, yet strongly inclines to the belief in its contagiousness, at least, as far as the excreta are concerned. We know of several cases where the wives of gold-diggers from Australia, and the children also, suffered from dysentery in a more or less severe form, after the return of the husband, who had acquired it abroad.

Under the terms leprosy and elephantiasis, it is probable that several diseases are confounded. Of the latter Mr. Buzacott writes—(P. 102).

"This is a dreadful disease, though not generally a dangerous one. It comes on with acute inflammatory or intermittent fever, and goes through the regular stages of a shivering, a hot and sweating fit, with violent headache during the two former stages. The patient is relieved by the perspiration which is very profuse, and a swelling commences either in the foot, leg, arm or other parts of the body. The attack lasts from a few days to a week, when the patient may enjoy a respite of some weeks, unless he takes cold, which would bring on another attack prematurely. Every attack is followed by an increase in the swollen limb, until it often attains an enormous size. The leg in some cases will swell, so as to overlay, and hide the foot altogether."

A few pages further on, we have an account of a new disease occurring after the rains and famine, but of which the first instance was a native teacher, who brought it with him to Rarotonga. Its onset was like an intermittent, but its peculiarity consisted in the glandular affections which followed, which in the chronic stage not a little resembled scrofula, or rather, perhaps, leucocythæmia. Mr. Hunt, the surgeon of Her Majesty's Ship *Sulphur*, thus describes the sequelæ:—

"It is followed by an affection of the glands of the neck, groin, or axilla, and sometimes by tumours in the small of the back. An enlargement commences, due to chronic inflammation which gradually increases till the tumour attains a large size, impeding the functions of the neighbouring parts. In the case I witnessed the glands of the neck were affected on the right side, and an abscess had burst, leaving a large but superficial ulcer, discharging a thin serous matter. On the opposite side, large abscesses were in progress, and the back of the neck was also occupied by another in a less forward state."

In other cases the swellings were more chronic and obtained to an enormous size, "at first sight appearing as huge wens." The missionaries considered the disease contagious. Liq. arsenicalis internally, and Ung. Potass. Iodidi externally, were the remedies found most useful. (P. 104.)

It appears to us, that the form of elephantiasis previously described, and this glandular affection have much in common, except that in one case the hypertrophy and inflammation attack the lymphatic glands, and in the other the connective tissue of the skin. On reviewing our own notes of cases of bronchocele, leucocythæmia, and elephantiasis, including those we have seen of "Barbadoes leg," we see strong reasons for believing in the malarious origin of all these affections, derived partly from the history of the patients, partly from their habitats, and in part from the uniformity of certain pathological lesions. A detailed account of these would, however, be beyond the scope of this article.

We have already made so many quotations from this interesting volume, that for further details of the pathology of these islands, as also for the evidences of the wonderful improvements in their condition, wrought by christianity, and the self-denying labours of the missionaries, especially of Mr. Buzacott, we must

refer the reader to the book itself. In concluding our notice, as this paper may perhaps fall under the eyes of some missionaries, and as we believe, too, that the Rev. A. Buzacott, the missionary's son, has himself passed several years of his life in the islands of the Pacific, it may not be out of place to point out a few of the ways in which missionaries, and especially medical ones, may increase our fund of knowledge, and bring contributions to science or no mean value.

1st. By a simple daily record of the weather, and, if possible, by observations of the temperature, and barometric pressure. We believe that the Board of Trade would furnish the requisite standard instruments. But

2ndly. If this were too much for the active duties of mission life, it would at least be easy to note the weather prior to, and the manner of invasion of all epidemic diseases.

3rdly. Drawings of tumours, &c., as well as of native plants, might be made with the camera obscura. If photographed, of course it would be so much the better.

4th. Where a missionary has children, or even by means of the natives, it would not be difficult to make collections of native plants, of insects, rocks, fossils, &c., which would be extremely valuable. We might hope in this way for some valuable additions to our materia-medica.

5th. In the case of epidemics, or new diseases, a simple description of the cases, without any theorizing, together with a statement of the average mortality and the duration of the attack, would be of immense value.

6th. In really savage countries, or wherever it was practicable, collections of the crania of the inhabitants would be of great service to ethnology. In most places casts might be made, or, at least, measurements taken. A few hundred measurements of the height, &c. of native races, would be very valuable.

Lastly, information as to native customs, their social life, and their dress and diet, with the effects of increased civilization, would always be welcomed in England. Nor let the missionary imagine that such details are beneath the dignity of his calling.

They all serve to increase our knowledge of man, and of the ills to which he is subject; they thus increase our power of rendering aid in disease and threatened death, and thus of imitating Him "who went about doing good, and healing all manner of sicknesses."

* * * We are obliged to hold over several Reviews, owing to press of matter in the "Summary of News," the month of July having been unusually crowded with interesting effects.

MEDICAL OPINION,

THE *British Medical Journal* as usual devotes a great deal of space to "Cholera Literature," and Dr. George Johnson is again to the front with "Rules for the Treatment of Epidemic Diarrhoea and Cholera," but we will not burden our readers with any more cholera quotations from the *British Medical Journal*. We extract an article on *Chloroform in Dying*, by Dr. Buller, which is somewhat unique :—

"So many cases where most attention is expected, are those where disease can only be palliated, that palliation becomes a very important part of our duties, Few of this large class are more distressing, than when extreme restlessness and sleeplessness accompany the exhaustion of the last days or weeks of the life of the very aged, especially when (as is often the case) the mental consciousness is still active, and the failure of power in the vital organs is actually felt, with none of that physical courage to bear the suffering, which the same patients had when younger and stronger. That true health, or at least that tenacity of life on which its long duration depended, keeps them alive and suffering, and conscious of this suffering, for a length of time tedious to themselves and often most wearisome to those who watch over them, and who look (so often in vain) to medical aid for an alleviation which would relieve themselves as well as the patient.

"Small opiates, which at an earlier stage may have been useful, at this later one often aggravate the distress instead of soothing it; and it is in this condition that the cautious inhalation of chloroform is a great boon.

"A lady, aged eighty-two, had been for some years confined to her bed and sofa, and, without any appreciable bodily disease, was now gradually sinking. For some years she had suffered mentally from depression taking a religious form as to her soul's safety, and so persistently, that it seemed like a delusion from the powers of the brain becoming enfeebled. But she had a good appetite; could employ herself much with finger-work; and though confined to her room and much in bed, had a very fair amount of bodily health. Some months before her death, the delusions were attended with more excitement and irritability; she slept less, and often not at all; and her appetite gradually declined. Small doses of liquor opii sedativus (from five to ten drops) at night soothed her at first; but, as her strength diminished, the same doses excited her brain, and she lay in a very distressing state of restlessness and prostration, exacting constant attention from those watching her. She lost her appetite and power for solid food, and could only take small quantities of beef-tea and weak brandy and water. In this painful condition, about five weeks before her death, I recommended the inhalation of twenty drops of chloroform at a time at bedtime, on a handkerchief; having first given it to her myself, to see whether it soothed and was agreeable to her, or otherwise; and it was found that this prevented the exciting effects of the liquor opii sedativus until its narcotism exhibited itself, and by both together she had quieter nights. But, after a few days, the opiate was discontinued, as it excited, and chloroform alone used, with so pleasant a result to the patient herself, that she frequently, by a sign, indicated her wish to inhale it, and was partially for a month and wholly for five days before death kept almost constantly under its moderate influence. The effect was to quiet the delusions, to make her mind peaceful and happy, and also to raise the pulse and respiration. Her daughter observed this, and I found it to be the case. When she was so weak that the pulse could only be felt with difficulty, a short inhalation of

chloroform rendered it distinctly perceptible, and the respiration became slower and more natural.

“At my request, one of this patient's daughters stated in writing their observations on chloroform in their mother's case, as the inhalation was carried out by these ladies and a middle-aged sensible attendant.

“‘A pleasing feature in her case,’ writes the daughter, ‘was, that chloroform never made her really insensible; it only lulled her pain, gently calmed her spirits, and frequently, but not always, sent her to sleep for a few minutes, when she would awake quite herself, with a perfectly natural look and manner, and perhaps ask how long she had been asleep; and this after so many months of fearful excitement. We felt nervously anxious at first of giving her too much, and we never omitted to watch the pulse. One morning, after breakfast—a time when she was generally low—I had given her the usual dose of brandy and water, when she said, ‘I do not like the brandy as I did; give me some of the nice stuff to smell (meaning chloroform). I did so with some anxiety, as she was so low, when, to my great relief, the pulse gradually rose. I continued giving small doses at short intervals, when it very soon regained its usual strength. After this, we constantly noticed the same thing; and we no longer hesitated to give her as much as she craved, especially as the breathing powers were much relieved and became more free, and the countenance took a peaceful and happy expression, such as we had rarely seen in her of late years. To our minds, this craving was an instinct of nature. She had for a long time been asking for something to smell, and nothing we could get for her seemed what she wanted; but, when she had once felt the effects of the chloroform, she never asked for anything else, but for that constantly.

“‘My mother used just under a quart. The greater part was given during the last week or ten days of her life; but, the night before she died, she inhaled nearly half a pint. Still she was conscious till within six or eight hours of her death; at that time, we believe she became quite insensible.’ “Statements of this sort by intelligent friends, who watch effects and describe them without any bias, are especially valuable.

“This statement is satisfactory as to the chloroform soothing the mind; for, under its mild influence, the patient was more like herself in the most tranquil periods of her life, and altogether different from the excited and restless or depressed condition which, as her bodily powers failed, added so much to her sufferings. It is also valuable in showing that in certain weak states of body, chloroform strengthens the pulse and respiration—a fact often observed by those who watch the pulses of patients undergoing operations under chloroform. If the dying state be reckoned by the respiration becoming quicker and the pulse failing, this patient took five days in dying; and, as the chloroform so obviously increased the strength of the pulse and breathing, it rather prolonged than shortened life. Indeed, it seemed to act like the tonic stimulus of food or wine in a stronger bodily condition, and at a time when neither of these could be taken.

“This was one of the few cases in which (no *post-mortem* examination having been made) the only return of the cause of death I could make was the decay of old age. The lungs, heart, digestive organs, and kidneys, were without disease, and the delusions were attended with no paralysis or loss of cerebral or nerve power.

“In the next case, although the patient was seventy-five years of age, and had been breaking for two years, he did not die of old age, but was greatly worn down by pain. He was well-known in this county as a sportsman. He had hunted, shot and fished from his youth, and still shot all the season; indeed, his last illness was brought on by exposure to cold in shooting, beginning by severe catarrh, and followed by violent pain of the left side of his face and scalp and ear. The pain resisted quinine and other neuralgic remedies, and its obstinacy was eventually explained. He

had been deaf for some time. But increased deafness of the ear, with tenderness and some fullness over the mastoid process of the left temporal bone, indicated disease of the petrous portion. He was a man who had been able to bear pain unflinchingly. He was organised for a sportsman—tall, lean, muscular, no fat, large-chested, and bony. In hunting he had at various times broken or dislocated several of his long bones; and his brother told me he had seen seven men, with pulleys, trying to reduce his dislocated shoulder, whilst he uttered no complaint; and the surgeon said (in that heroic age of remedies) they could not make him faint. But this pain was so excruciating that it wore him down. It was always there, but at times in acute paroxysms. He had chronic cough and expectoration from bronchitis, and latterly passed much pus from the bladder, giving suspicion of pyæmia, with complete loss of appetite and failing strength. He could never in his whole life take opium, as it excited him; and when he had it now it produced no relief, but distressing sensations and sickness. In this condition, and about three weeks before his death, when all hopes of his recovery had passed, I recommended him to inhale chloroform. It relieved the pain, and gave him bodily comfort. The effect, he said, was like champagne, when he could drink a bottle of it. As he became weaker, he increased the quantity of it, and kept himself much under its influence. In the last five days, sixty-three ounces of chloroform were used. He was a strong-willed man, who would do as he liked; and, having once felt the agreeable relief which chloroform gave him, he compelled his niece (who watched him) and his servant to wet his handkerchief with it as often as he called for it. It rendered his last days bearable, and, indeed, comfortable, instead of a period of excruciating pain. There was no *post-mortem* opportunity of seeing the disease which produced this great suffering; but, as the mastoid process was tender, on pressure, and swollen, and the skin somewhat red, with complete deafness, it was evidently from diseased bone. It recalled a case I saw in February, 1863, of a man who seemed literally to die of pain referred to the sacrum and coccyx, which came on after exposure to wet three months before admission to the South Hants Infirmary; and by no remedies could the pain be removed. Subcutaneous injections of morphine, chloroform, veratrine, aconitine; externally, blisters, with morphia, hot hip-baths, were thoroughly tried; externally and internally, opium, chlorodyne, cannabis indica, quinine, iodide of potash, and guaiacum. Short relief was given by relays of four leeches, but this only for a short time; and the poor fellow was worn down and actually died from this pain. My friend, Professor Aitkin, of Netley, kindly examined minutely a portion of the sacrum and coccyx I sent him, and the cause was discovered to be vascular tumours in the bony structure. He thus described them:—‘In both pieces of bone, after the flesh had been removed, vascular tumours are seen. One of them is nodulated, and of the circumference of a shilling, the other less. They are imbedded in the spongy bone, and one at least presses upon the nerves as they make their exit through the sacral foramina. I am of opinion that more of these little tumours have existed in the substance of the sacral bones; perhaps also in the spongy parts of the vertebræ. They seem to me to be of a varicose nature, and connected with the venous system, rather than the arterial.’

“This case, as in the former, came on after exposure to cold. He had lived very freely, occasionally drinking very hard; and, though only sixty-two, was a worn-out man. He had Bright’s kidneys.

“It did not occur to me to make him inhale chloroform, as I should do now; for it was one of the most distressing diseases I ever watched, as nothing alleviated his constant pain; and (as the cause showed) nothing but such an anæsthetic as inhaled chloroform would have destroyed pain from tumours pressing on sensitive nerves amongst bone, unless Dr. Richardson’s ether spray would do it now.

"The only other case in which I have given chloroform to the dying was that of a lady, many years ago, who was subject to very painful attacks of gallstones. Chloroform, inhaled, was the only relief. After several gallstones had passed, at varying intervals of weeks and months, one attack came in which the pain never ceased, and she died, after many days, deeply jaundiced. Her son, who was studying medicine, administered chloroform. 'It had the effect,' he writes, 'of very quickly lulling the pain; and the moment she was out of pain I desisted. At such a moment, she was sometimes conscious of my presence, sometimes not. The amount of chloroform used altogether was very large indeed.' I found, *post-mortem*, a gall-stone of the size of a small marble impacted in the common duct, two inches from the duodenum. The liver was very large and light yellow; and there was an ovarian tumour, with hair and bones in it, the pressure of which on the crural nerves during life had caused much suffering. She had been an invalid for a long time. In this case, also, when the patient had felt the relief from chloroform, she would have it given to her. I have seen one patient die from gall-stone rupturing the duct, and the agony is such, that any amount of chloroform which gave ease would be justifiable; so would it in a case of rupture of the stomach and intestines. But, in these cases, it must be given as long as life exists; and when once its relief is experienced, we may be sure the patient will insist on its continuance to the fatal end.

"I look back many years with regret to a night during the whole of which a lady of the most sensitive nervous organisation died in inconceivable suffering. Dr. Baillie said to her in her girlhood, 'You will have a great deal to suffer in your life, my dear, but don't talk about it;' and his prescience was too true. For many years before her death, she constantly suffered abdominal pain, restlessness, and general distress; and latterly the cause of this was explained by the discovery of an abdominal tumour. This suddenly burst internally; and, after twenty-four hours of what was literally horrible torment, she died. Having watched the case for years, I knew she must die; but, from the weakness of her heart, I feared chloroform might extinguish life at once. With my present experience in chloroform, I should have given it freely, with the belief that the chances would be in favour of its rather prolonging life, which was shortened by the pain; and opium gave no relief.

"The rule, in advising chloroform in these cases, is to judge by its immediate effects. In these instances, it was so agreeable, without any after discomfort, that, when once given, the patients insisted on its continuance; and this is our guide.

"The inhalation had better first be tried by the medical attendant himself; twenty minims being dropped on a handkerchief, and held before the mouth and nose at such a distance as to admit air, but not far off; and the patient directed to breathe naturally. If it irritate or nauseate, or be in any way repugnant, these are probably unfit cases. If it soothe, and the patient ask for it again, it may be very safely entrusted to a careful nurse or female member of the family, giving clear directions that at first no more than twenty minims should be poured on a handkerchief at a time, and held at a certain distance; and that the breathing and pulse should be watched. A second supply should not be used, if the first has produced its soothing effect.

"There is one question which must not be avoided, and that is the ethical one.

"It is reported that Queen Maria Theresa said, in dying, 'Give me no opiates; I would meet my God awake.' And we meet with similar instances, where the patient sometimes, and more often his friends, think it is wrong, in a religious point of view, to give narcotics in dying. But it is not recommended for these 'great hearts' to use chloroform, but for the

weak ones, who suffer so terribly from the mental and bodily exhaustion of dying. The best answer to those who doubt its propriety on religious grounds, is in these letters from the relatives of two of these patients. One writes :

“ ‘For my mother, chloroform seemed to clear her intellect, and enabled her to speak with thankfulness and hope regarding her eternal interests, as she had not done for so long ; and I cannot but think that more precise knowledge of its effects in individual cases would dissipate those anxious thoughts of friends on this, as on other points, to the benefit of all concerned.’

“ The next letter is from the lady who watched the patient, to her father

“ ‘I am quite aware of your dislike to any thing like a sedative being used when a human being is passing from time to eternity. The free use of chloroform in my uncle’s case was unavoidable. After once inhaling it, he would have it. But, had it been denied him in his last hours, the agony which he was suffering was so excruciating that consciousness as to everything but that, was gone. Chloroform stupifies for the time ; but, when its effects are past, the faculties are alive again, and the person able to attend to other things. Were I in attendance upon a dying person, I should prefer his having temporary relief from pain ; as, if he had not, he would not, humanly speaking, be more able to attend to the things which concern his soul’s salvation, than if he had not obtained relief from chloroform ; or I would rather say, not so capable.’

“ These letters are satisfactory answers to those who, in ease themselves, theoretically object to soothing others in the saddest form of distress ; for they show that chloroform thus administered, by relieving restlessness or pain, renders the patient, in intervals of ease, more capable of normal thought and feeling.”

The *Monthly Homœopathic Review* complains of the treatment of the *Lancet*. In our leading columns we have fully explained our views on this matter. We must therefore *allow the combatants to fight it out*, and with this view, we give portions of the article in the *Homœopathic Review* :—

“ON HOMŒOPATHY.”

“ *A few words on Dr. Meryon’s Supplementary Paper ‘On Homœopathy,’ in the Lancet, June 2.*

“ There was a time, called by men of our day, ‘the barbarous middle ages,’ when an unwritten ‘code of honour’ was recognised by all who bore the name of gentleman. When a knight rode forth to attack his adversary he openly defied him to the battle, and both combatants were equally armed. It would have been a disgrace to an armed and accoutred knight to have slain an unarmed adversary.

“ In those ‘barbarous days’ there were no *Scientific Journals*. Discoverers and workers in new scientific fields went about reading or propounding their discoveries before the universities, academies, and schools, and these new theories were openly discussed, in an honourable manner, attacked by the supporters of the *old* authorities, defended by the propounders of the *new*.

“ We owe very much of our present progress in science to the perfect fairness with which disputed points were discussed in the schools in those ‘barbarous times’ when the ‘code of honour’ still held sway. ‘Honour’ then demanded, that *no attack should be made on the defenceless*, and this was as much expected from the universities and scientific bodies, in literary encounters, as it was demanded from the chivalry in assaults at arms. To have gagged the supporters of a new theory, while its opponents belaboured them with words and arguments, free from all fear of reply, would have

moved the derision of the whole of learned Europe. The *duel* has justly given way before the *law*. The *civil law* gives its protection to the weak against the strong, and has done away with necessity for *champion knights*. But the freedom of discussion on matters of scientific interest, which existed in the olden time, is not so well compensated for. In the department of medicine it has been lost altogether.

"The *periodical journal* and the *learned societies* are the present medium for the circulation and discussion of that which is new in science. In *medicine*, these medical societies are *private corporations*, these periodicals are *private speculations*. The former have the power of regulating their affairs by the majority of votes. The latter are in the hands of private proprietors, who are autocratic in their sway. That which displeases *the majority*, in a medical society, is rejected. No matter how full of truth, the propounder of the new theory is liable to be cast out by a species of ostracism. That which *ceases to pay the proprietor* of the periodical, is liable to be refused admission. In either case new theories are by no means sure of fair treatment; if they are unpopular the upholders are certain to receive persecution in the place of a fair hearing. That this has been the case as regards *homœopathy* we have abundant evidence. Our readers will find proof of our assertion in every volume of our periodical literature. The game between the two systems of medicine has hitherto been *played by the allopaths with loaded dice*. The duel between homœopathy and allopathy has been fought by the allopaths *in concealed armour*.

"The *allopaths* have made sure that the *charge has been withdrawn from their adversaries' pistols*, before they have dared to engage in the duel. They have always refused to enter into the controversy on equal grounds, or in accordance with the 'code of honour.' They have insisted on the *gagging* of their adversary before they have dared to open their own lips in argument.

"It is very easy for a man to brandish his weapon bravely in the face of a naked enemy, bound hand and foot. Even an indifferent swordsman may then safely act boastfully. It is equally easy to write three essays 'on homœopathy' and to put forth 'four propositions embodying the entire system of homœopathy,' misstating the very principles of the science in the propositions, and misrepresenting both the theories of the science and the facts on which they are based, when a man is assured that no reply will be admitted into the journal in which these misstatements and misrepresentations appear: when it is perfectly certain that no one will rise from his seat at the next meeting of the Medico-Chirurgical Society to call in question any errors which may have crept in; when, on the other hand, the writer knows that *every misstatement however gross*, so long as it is damaging to the system he attacks, will be looked on as a special merit, and will meet with the applause of his medical brethren.

"We don't blame the writer personally, for thus opening his mouth to a packed and applauding audience, gathered together with no wish to *learn the truth* about homœopathy, but rather with the hope that he may prove it to be a system unworthy of their further investigation, but we think that, having the perfect foreknowledge that no reply would be allowed, he should have been especially careful to have made no assertion which was not strictly within the letter of the truth.

"One of our correspondents very truly says, in reference to our present controversy, 'We have to deal with men whose sense of honour is warped by their professional views.' It is a great grief to us to be compelled to admit that this is the case. Unable to meet us in fair argument, unwilling to admit the 'hard logic of facts,' the allopaths exclude all fair discussion of homœopathy from their societies and from their journals, and *discourage and refuse to acknowledge all experimental inquiry*.

"Essays, such as those of Dr. Meryon, from time to time appear in the

allopathic journals and delude the 'oi polloi' into the belief that the subject is undergoing a fair examination at the hands of the profession. To the propositions contained in these journalistic essays, no objections appear. What is more natural, than to assume that *as they are not answered they are therefore unanswerable?* Such is the inference that the *Lancet* and the writers of the essays desire should be drawn. The 'oi polloi' can't see behind the scenes. *The editor of the Lancet receives strong remonstrances, such as the following:* 'The four propositions not only do not embody the entire system of homœopathy, but are a false representation of the system.' These remonstrances go into his waste-paper basket—the homœopaths are gagged; let their maligners rejoice in their successful attempts to give an entirely false aspect to homœopathy. The end is obtained. The 'oi polloi' see that the picture given of homœopathy in the *Lancet*, bears fallacy on its front. There appears no denial from the homœopaths in the pages of the *Lancet*, hence the 'oi polloi' assume that there is no need for further inquiry, and work away quietly at their pestles and mortars in great content."

In the *Social Science Review*, Dr. Richardson has an article called the "Cause and Propagation of Cholera." It was read before the Epidemiological Society during May. Our readers will understand his views from the following quotation:—"The best of our public writers, when speaking of cholera, indulge in descriptions which sound of middle-age ignorance at that age. Here is one to-day who says of the disease, 'It springs from misery, filth, and thin blood, aided by contagion and fear;' and here is another who says that 'the profession of medicine knows no more of the disease than the commonest scholar.'

"I cannot reason with these, but I want to reason with the medical profession. I want the profession to recognize the preliminary truth that for the specific disease cholera there is only one specific cause, and there is only one cause for small-pox. This agreed upon as premise, I want the profession to settle whether it be true that the cause of cholera is always the modified excreta of the alimentary canal.

"*On my side, I am prepared to stand forward whenever called upon to prove this as fact; to prove that this explanation of cause accounts for all the phenomena, and that no other theory accounts for any of the phenomena.*

"Thus standing, I will be open to conviction to the contrary if fair, and just, and reasonable argument sustain the contrary. Until then, I maintain that there is no disease the cause and course of which is so demonstrably defined as cholera; that the whole demonstration has been worked out by the medical profession; and that if that profession has not energy enough to test, to prove, and to claim its own learning, it deserves to be discredited of its own prize, even with the prize in its grasp.

"But if the profession is to speak with authority, from whom shall come the first word except from the Epidemiological Society? For sixteen years this simple question has been before the society, and the society has answered nothing except by its individual members."

From the *New York Medical Record* we learn that at a recent meeting of the Medical Society of the State of Pennsylvania, Wilkesbarre, in Luzerne County, the subject of female practitioners of medicine was made the subject of lively discussion. The following seemed to be the opinion of a considerable section of the society:—"The majority of country physicians want them, and the city physicians generally would be glad to get rid of them."

The *Medical Times and Gazette* with reference to Dr. Farr's proposed alterations in the existing Medical Certificates of Death makes among

others, the following remarks :—"Imperfect registration not only vitiates the evidence which the registers ought properly to afford as affecting property, and the use of the records for scientific induction ; but, what is of greater importance, it deprives human life of a most powerful safeguard. If no body had been allowed to be buried without a certificate from a legally qualified Practitioner, such cases as the Essex and Norfolk poisonings could hardly have occurred and not only secret murder and attempts on life, but also deaths of old people and young children from neglect could rarely have escaped detection.

The *Lancet* has an article on the Parliamentary Representation of the Medical Profession. This is not a new subject to the readers of the *MEDICAL MIRROR*. It is, therefore, unnecessary to go into details.

THE EDITOR'S LETTER BOX.

THE MEDICAL ACT'S AMENDMENT BILL.

TO THE EDITOR OF THE "MEDICAL MIRROR."

SIR,—Upon reading the report of the proceedings of your Medical Council, I was struck with the remarks made by Sir D. Corrigan, when the question of recognising foreign degrees was under discussion ; practically he is right, and I have no doubt that nine out of every ten of the general practitioners, practising in the country agree with his objections, and could, if asked, give practical proofs of the injustice which such a clause, if passed, would inflict upon them :—For instance, a man wants legal right to practise, simply to protect him from prosecution, and to enable him *legally* to carry on quackery ; he cannot get a qualification in this country, he goes to New York, gets a degree, comes back, is registered, settles down, not amongst the higher grades of your profession, but in some country district, where by his impudence and oblique advertising, he succeeds in taking a large portion of bread from the mouths of the general practitioners, who of course, as gentlemen, would scorn to descend to such means of obtaining practice. You must remember in rural districts, it is not the gentleman and educated man who succeeds best in life, and for this reason, the larger number of patients are amongst the lower classes who are unable to appreciate refinement. So the man of low and vulgar mind succeeds the best. I can quote one case of several which have come under my immediate notice. Two years ago, a man made his appearance in this town, put a plate on his door, M.R.H.S., New York ; he practised as a Homœopathist and got some practice. I have no doubt, had he been able to have *once* got his name in the Regis-

ter, he would have done in a pecuniary sense, far better than any of the respectable members practising in this town, and if the clause referred to becomes law, such fellows will get into the profession and damage considerably the livelihood of a hard working class of men.

The gentlemen sitting on the Medical Council, are of course men of the highest professional rank, therefore they practically know little or nothing of their poorer and less fortunate brethren.

At present, in this neighbourhood there are two or three men, recently registered, and now practising, who I know must have been rejected, had they been obliged to undergo the slightest preliminary examination, and yet these men are let loose upon society as qualified to practise. One of these very men referred to, was recently plucked on Celsus and Gregory at the Hall; but nevertheless, he dubs himself Dr. and obliquely advertises *himself as the youngest physician in the world*; these are the sort of men we shall have sent among us if the clause opposed by Sir. D. Corrigan passes. It behoves the country practitioners to look about and see if they cannot take care of themselves, by organising some plan to oppose this questionable class. They must remember that it is easier for a man to get on the Register than to get him off again. Professional offences are very difficult to prove, although you may *morally* be convinced of the guilt. I strictly believe Sir D. Corrigan has the support of a very large number of the profession in his views, and why should not the conscientious opinions of such a man be respected, although he happens to be in the minority.

July, 1866.

“A VOICE FROM THE ‘COUNTRY.’”

ON UNPAID MEDICAL LABOUR.

TO THE EDITOR OF THE “MEDICAL MIRROR.”

SIR,—The discussion that is taking place respecting the management of the Infirmaries in Workhouses and other Institutions, has led me to think this is a favourable opportunity to bring more forcibly before the eyes of your numerous readers a grievous error that has long existed, so far as I am led to believe. I think others will be of the same opinion.

It regards the Honorary appointments of medical officers to hospitals and charitable Institutions.

I do not think I am incorrect when I say there are a great number of my *confrères* holding such miserable positions, obliged through force of circumstance to drive broughams or other carriages, to pay heavy rents and to keep up appearances, and this is done, in conjunction with the appointment, to do as others do, and so anxiety and toil become heaped on many an honest and charitable shoulder.

Where we reflect and see one man blessed with more power for deep study, skill, tact, self complacency or a more lively marriage settlement than others, it is no reason why, as he requires not to be paid, that others at the same hospital should not reap some advantages, and thus, I say, that *all medical officers should be remunerated for their services*. The less successful in their private practice would work with greater energy, and those who are more fortunate would be better able to give up many cases to their fellow labourers.

It is more painful to me to look down upon this artificial mode of conducting charities, when I see secretaries and others, whose calling requires no extraordinary degree of learning, being paid, say from two to three hundred a year, while there are many in our own profession who would be glad of such appointments.

If the medical officers were paid, and not so much reliance placed in Platonic love, I feel sure a better feeling would take place and each would exert himself individually to support the charity and worm out abuses that frequently exist.

“Here only merit constant pay receives,
Is blest in what it takes, and what it gives.”

The indirect practice that medical men seek through such appointments is but a slender pittance, and to relieve “well-to-do” patients in such Institutions, for the sake of introduction to a better class of practice, is taking the bread out of the fair professional man’s mouth, and brings but little grist to the mill.

I am, Yours truly,

ELDRIDGE SPRATT.

15 Old Cavendish Street, Cavendish Square.

July 16th 1866.

THE MONTH.

OCCASIONAL NOTES.

———— Mens sine pondere ludit.—PETR.

NOWHERE on the diversified page of history do we find chronicled, events of more thrilling interest, of more astounding importance, and of greater significance, than those which have occupied the public attention during the past month.

The attention of even the most callous has been attracted by the affairs on the Continent, and young and old of both sexes have eagerly scanned the daily papers to gain the latest intelli-

gence concerning the wonderful victories achieved by the Prussians, or shall we say the needle-gun?

Contrary to all expectation, Prussia has had a glorious and an uninterrupted succession of successes, and in several pitched battles, has gained signal victories over the Austrians.

It is unnecessary to dwell on the campaign of the last few weeks, the accounts which have reached us of the battles of Podol, Skalitz, Königgrätz, &c., must be familiar to all our readers.

The sacrifice of human life has been fearful, and it is wonderful to consider how, after the fierce combat is over, after the deadly needle-gun has done its fearful work, and heaped together piles upon piles of dead and wounded Austrians, after the fierce and brutal passions of man have been assuaged, and his blind fury spent, when the fearful noise of the battle has subsided into the not less fearful groans of the dying, it is wonderful to consider how the brilliant science of war gives place to that of medicine, and the disciple of the healing art glides from man to man, carrying with him relief, and instilling fresh hope in the breast of the drooping warrior. The desolation which has been spread over Germany by the events of the past month will leave marks behind it which it will take years, perhaps centuries, to obliterate, yet now, though upwards of 100,000 men have perished, peace seems as far off as ever.

The Parisian papers, it is true, seem to think that the war may soon be brought to a close, but the Austrians, who are much in the position of a chess-player who has lost his queen, and must depend entirely upon his subordinate pieces, seem inclined to try their luck once more on the battle-field, and to stand or fall by the issue.

At home, affairs do not look much brighter than abroad.

The time is not long past when a continental war could not have been carried on without the intervention of Great Britain. Now, alas! we doubt much whether Austrians or Prussians have ever once thought of England, or have feared her intervention.

There is a fact that we have fallen immensely in the estimation of our continental neighbours, and the astounding and lamentable circumstance that England, through the office-seeking factions of party, remained for some days without a Government, during one of the most important crises of modern history, is not calculated to increase their belief in the sapience of its ruler, or the efficiency of its Government.

Of the new Ministry, perhaps the less said the more unsaid. Individually, most of its members are equally as good, and some of them decidedly better than their predecessors, but, as a body, we are already too well acquainted with Conservative administrations.

General Peel is, without doubt, a more suitable Minister of War

than his noble predecessor, whose penny-wise economies were becoming perfectly ludicrous. Lord Cranborne is a decided improvement upon Earl De Grey, and we believe that the future Lord Derby is a cleverer man than the late Foreign Secretary, though he may not be more agreeable or more polite.

Thus, individually, this crew may man the ministerial boat as well as the last, and, while we look back with regret at Gladstone, at the veteran Home Secretary, and one or two of the Lords of the Admiralty, we cannot but breathe a sigh of relief at the, we sincerely hope, ministerial death of the late Premier.

Though Earl Russell has been thrice Prime Minister of England, and has filled every post in the Government under other premiers, he has been equally unfit for all, for the simple reason, perhaps, that he has considered himself fit for each. His single act of political utility was the Reform Bill, but this has been more than obliterated by his subsequent imbecile blunders and infantine bluster.

The ignominy which he has brought upon his country by his conduct during the Danish war, is greater than any benefit which he may have conferred upon it during the thirty-three years of his political life.

His insolent behaviour towards his noble colleague, Lord Palmerston, on several occasions, was as contemptible as the lamented Statesman's conduct towards him was magnanimous, and can only forcibly remind us of the picture of "dignity and impudence." That such a career of statesmanship has come to a close, can, we think, cause little regret, and many thorough-going Liberals will rather trust the helm of the State to the noble translator of Homer, Tory though he be, than to one who has always been proverbially "not strong enough for the place."

The only important measure as yet taken by the new Ministry, is the order given by General Peel for the conversion of 40,000 Enfield rifles into breech-loaders, a measure objected to somewhat strongly by the *Times*, the *Morning Star*, and some other papers, but defended by the *Standard*."

Mr. Graves, one of the members for Liverpool, has been trying to impress upon the House, and the nation generally, that our Mercantile Marine is going to the dogs. Opinion upon this subject is, however, strongly divided. Whilst war is ravaging the Continent, and carrying desolation into many a household, a more dreadful enemy than the Prussian, a more terrible weapon than the needle-gun, has appeared in the Metropolis. In the east of London, grim Death, in the shape of that awful pestilence—the cholera, is advancing, and with his relentless scythe, is

"Shearing the bearded grain at a breath,
And the flowers that grow between."

Our noble profession is already in the breach, and the general

practitioner, like a ministering angel, is moving fearlessly from sufferer to sufferer, and watching the awful struggle between death and life.

It is to be hoped that the sanitary precautions which are being taken, and the cessation of the hot weather, will be sufficient to avert the dread epidemic, which, if it continues, will cause fearful havoc in the populous district in which it has broken out.

Our profession will do its duty fearlessly and well, and though but scant justice has been meted out to it, this is not the time that our self-denying body will show anything but mercy to the afflicted, who now, as in all times of sickness, turn to their doctors as their best friends. The doctors will heap coals of fire on the public who usually behave so scurvily to our hard-worked brothers.

It is the bounden duty of all Christian medical men to put their shoulders to the wheel, if called upon to succour the helpless and fearful cholera-stricken. Austria is scourged with savage victory-drunken Prussians, but we are at peace. Well may we say thankfully with David, "*Let us fall now into the hands of the Lord, for His mercies are great.*" It is the province of the doctors to do *their duty to the utmost*, but to trust for the issue to Almighty God.

MEDICAL EXPECTATIONS FROM THE NEW GOVERNMENT.

THE busy duties and often serious anxieties of a general practitioner's life do not leave him much time for the study of politics, much less do they permit him to watch with much care the ever-changing opinions of party. Yet there are some facts and circumstances which crop up, that by their glaring absurdity strike even the most superficial observers.

Anything more factious than the opposition of the Tories to the just demands for reform on the side of the Liberals can hardly be imagined, and anything more transparently office-seeking has seldom been witnessed.

The Russell-Gladstone administration had determined at last to vindicate the position of the men of science of the kingdom, and had intended to grant direct representation to the Universities of Scotland, and to the University of London. Our noble profession would have largely benefited by this just measure of Reform, but an office-seeking party has consigned these happy hopes for the future to oblivion. We hear from the mouth-pieces of the Tory party that Reform has no charm for them. Our hard-worked profession is still to be allowed to wander on the shady side of life. A Liberal Government has not been over liberal to our profession, still a few crumbs of justice fell occasionally from their table, but there are no crumbs of justice, or even of common feeling, in the hearts of a Tory administration. The entire Medical Profession has been anxiously watching the condition of our Poor-law Medical Officers, and of the poor and

sickly entrusted to our Guardians of the Poor, who are under the fitful and feeble administration of the Poor-law Board. Richard Griffin and Ernest Hart, both working members of our profession, have each nobly done their duty, and the great and strong heart of the British public had at last been touched, and a better state of things seemed imminent. But all our hopes have now been dashed to the ground.

Our army of martyrs in the Medical Profession may still sink from exhaustion and fever, and our sick poor may still cry aloud for justice. Procrastination and flippant officialism bar the way. Trusting to the great issues of Continental war, and to an obscure and troubled future, palpable duties are postponed, and the long-suffering Medical Profession is again hoodwinked.

The state of our workhouses, revealed by Ernest Hart, and the miserable condition of our Poor-law Medical Officers, revealed by Richard Griffin, had touched even the stony heart of Liberal officialism ; and had the Liberal Government continued in office, before the expiration of the present session, a just and sweeping measure of Poor-law Reform would have been prepared and passed.

From the new Tory Government we have *nothing to hope for*. The hard-working Mr. Villiers has given place to the garrulous Mr. Hardy, who, on the 17th July, in reply to Mr. Fawcett, with reference to the metropolitan workhouses, said he thought it would be impossible to legislate satisfactorily for the improvement of the condition of the metropolitan workhouses this session. *He believed that the power possessed by the Poor-law Board had not hitherto been fully put in force*, and he was now endeavouring to make himself acquainted with the powers they really possessed, and early next session he should be prepared to state what remedial measures Parliament ought to adopt.

We have heard of the fable of the frog and the ox, and we consider that Mr. Hardy bears the same relation to Mr. Gladstone that the frog of the fable bore to the ox. It is evident that Mr. Hardy's powers have been so severely taxed in the endeavour to keep intellectual pace with his great opponent in the late late Oxford contest, that now, when the mediocre Mr. Hardy finds himself in a subordinate Government position as Minister of the Poor Laws, he actually enunciates his belief that "*the power possessed by the Poor-law Board has not hitherto been fully put in force.*"

The merest tyro knows better than this, for the scandals of our workhouse system would not have been tolerated up to this date by any Poor-law Board with the ordinary feelings of Christian men. We require *deeds*, not *words*, from our new President of the Poor-law Board. We know that he is a fluent, if not an eloquent, speaker ; but talking is useless where Guardians of the Poor are concerned.

If Mr. Gathorne Hardy can only talk, let him stick to his Chairmanship of Quarter Sessions, or compete for the Presidentship of a Social Science gathering, but for goodness sake let him steer clear of the dictatorship of our Poor Laws.

THE RIGHTS OF WOMEN.

In Boston, Massachusetts, the rights of women have been for some time fully recognised. The so-called lords of the creation have there to jostle not only with their own sex for appointments and places, but they have to compete with quick and intelligent women, educated to perform any and every duty.

Here in old England, we are more jog-trot in our pace, for, with the exception of a few female compositors, and an odd lady-doctor or so, the fair sex does not, as yet, wear breeches.

There is one peculiar fact connected with the entire equality of qualification for appointments, which, with our over-crowded population, is certainly more desirable for our old country than for rising young America. The fact is,—statistics prove that among the settled population of Massachusetts, where female talent has received such culture, and where nothing prevents a woman from shining in those duties and employments usually performed in effete countries by males,—among these it is a fact, that the births are steadily diminishing.

The birth-rate of Massachusetts is only kept at a normal condition by those new and unenlightened settlers, who have not yet attained to the true fulfilment of women's rights.

We read that the Amazons of old, who in a remarkable manner vindicated the equality of their own with the male sex, were most particular in attending to the proper increase of their order. The Amazons bore children, keeping the female offspring as recruits, the males going ignominiously to their fathers.

It is surely a pity that a gifted race should steadily diminish, and that any check should be put upon the propagation of such an enlightened population as that of Massachusetts. Males are not yet competent to bring forth children, but, as Mr. Spriggins says in the play:—"Somebody must do these little things." We would, therefore, entreat the enlightened female population of Massachusetts, while cultivating their minds, not to neglect a department of usefulness for which Nature has peculiarly fitted them.

THE "LANCET" V. FAIR PLAY.

The General Practitioners of the kingdom have not infrequently been twitted with ignorance of any matter beyond the boundary of their surgeries, and, from the rigor with which anything that did not savour either of rhubarb or of the scalpel has been excluded from their special literature, an unthinking Public might have

been easily led to go with the stream of public opinion and endorse this apparent apathy and ignorance of the profession. General science, politics, and literature have hitherto been considered out of place in a so-called medical journal, the conductors of such journals having had but a poor opinion of the mental acquirements of the class for whom they catered. From the favour with which the MEDICAL MIRROR has been received by the profession, and especially by the hard-working body of the profession, designated by our superfine physicians and surgeons as General Practitioners, we know that they have minds beyond the simple simplicity of a pestle and mortar, and that those journals who consider a hasty and inferior medical literature to be the only proper food for their subscribers are under-estimating that great class in the profession who are in reality the founders of "medical opinion." Medical journals are not unfrequently the organs of a party and the paid claqueurs of a few. Such journals, sooner or later, however, find their true level, and although they may remain excellent as advertising mediums, they no longer express true medical opinion. It is the ambition of the conductors of this Monthly Review to give an independent opinion on all points and to truthfully reflect, without exaggeration or depreciation, the shifting scenes of medical practice. We bow not to the great, neither do we kick the humble. Merit is our only standard and our touchstone is that of common sense. An organ of the qualified practitioners of the kingdom, our MEDICAL MIRROR does not refuse to allow those without the pale of orthodox medicine the right of reply. Fair play is sweet to all Englishmen, and it is an attribute of the practical and hard-working general practitioner that he is intensely *just*. We much regret that any medical journal should have so misinterpreted the feelings of the profession as to have behaved as the *Lancet* recently did to an homœopathic author, who wished to reply to the "Lectures on Homœopathy" recently published in that journal. The Conductors of the MEDICAL MIRROR are not homœopaths, but orthodox apothecaries, surgeons, and physicians. Still they have also the honour to be English gentlemen, and they consider it unfair and unEnglish and ungentlemanly to hit a man whose hands are tied. In the pages of our "Medical Opinion" will be found an article from the *Homœopathic Review*, from which, if it states the truth, it can be seen what justice and what feeling governs the conductors of our *quondam* Jupiter of Medicine. Alas, we may say with truth, "How are the mighty fallen!" We honour the genius and the energy of the late respected Mr. Wakley, and we regret that a journal founded by him should have degenerated into illiberality and sectarianism. Schisms and bickerings are discreditable to the profession. We have in our hands a great trust—the lives of the public. If we have differences of opinion in our practice and in our medical opinions

let us calmly and judiciously ventilate them. Let us eschew the evil and seek the good, but in Heaven's name do not let a difference of opinion act as a red rag to an infuriated bull. Let us "mark, learn, and inwardly digest." Flippancy and impertinence will not assist us in separating the wheat of common sense from the chaff of quackery and empiricism. To refuse the right of reply, implies a consciousness of weakness, which, if unreal, ought at any rate not to be simulated.

SANITATION V. MILITARY IDLENESS.

Villainous sanitary arrangements still have their stronghold in London, and will always have until our medical officers of health are emancipated from the control of the class which now holds the reins of parochial office. At present we have a disjointed staff of medical officers of health, each responsible to a distinct vestry, whose chief anxiety is to show its petty local authority, and which would scorn the idea of working in unison with its neighbours. It is indeed hard for our medical officers of health to do any good under such a system and with such masters. Offal of all kinds is thrown into our London streets, from the butchers', from the greengrocers', and other places. Filthy dust-bins fester in back yards almost inaccessible to the dust-men; foul cisterns and ill-arranged and evil-smelling water-closets are the rule, and not the exception. Weakly paupers are used as scavengers, and the result is, that with all our taxation and all our scientific improvements, as shown so splendidly in our gigantic Metropolitan Drainage Works, our streets are still foul and are a disgrace to the first city in the world. We are sick of the hackneyed cry, "They do these things better in Paris," yet with reference to the cleansing of the streets, there is no manner of doubt that Paris carries off the palm. An energetic staff of able-bodied scavengers acts daily and systematically in that capital with the best results. Our gigantic drainage works are marred at the outset by a miserable economy only equalled by the selfishness and stupidity which occasion it. We have able-bodied soldiers, sick of daily monotonous parades and drills. What time is left them after the monotonous business of the day, is filled up by drunken dissipation and immoral debauchery. Why permit our soldiers to rot in barracks and do nothing but ridiculously stale evolutions, and disseminate syphilis? Why not permit them to be as useful in time of peace as they are necessary in time of war? An honest day's work for extra pay would give us a happy and contented soldier, who could afford to marry and be a citizen and not a slave. At present, the small per centage of soldiers who are allowed to marry, see their wives and children starve on a wretched pittance, though they are both able and

willing to work for additional remuneration. The Engineers alone receive extra "working pay" when employed on field duty, and their well-known extra comfort is an immediate index of the happy results to be obtained under a proper system. There is one flaw, however, even in the system of the Engineers, and that is, that their labour is *unproductive* and *unprofitable*. Their energies are wasted on ridiculous mud fortifications and deep ditches, that are only required for some field-day where-with to amuse some of the scions of our rather prolific Royalty. Why should not our soldiers by their own productive labour assist the British tax-payer to meet our terrible and useless yearly military expenditure? Sanitary engineering offers a fine field for the profitable employment of our hitherto idle soldiery, while it would relieve our vestries from a business for which they are evidently incapable.

SUMMARY OF NEWS.

Events and incidents have crowded one upon another in rapid succession during the month that is now behind us. The war that is raging on the continent, the armed intervention of France, the change of Ministry at home, the riotous Reform Demonstration in Hyde Park have been sufficient to turn away the attention of the profession from subjects of purely professional interest.

The successful laying of the Atlantic Telegraph Cable is an event of a kind about which there can be no difference of opinion, and over which the profession will rejoice as one man.

The war has brought forth the usual number of good Samaritans to tend and nurse the wounded, and it is gratifying to see that it is not merely among a certain philanthropic section at home with us, that surgical and medical comforts and appliances are being collected together.

If the Prussians are distinguished as efficient soldiers, and as the first to recognise the importance of the breech-loading rifle, they are also the most efficient in their arrangements for the comfort of the wounded and sick. In addition to the ordinary military medical and surgical staff, the Prussian army has numerous juniors in the profession, who for the nonce have deserted the Universities for the field. The most aristocratic ladies of Berlin are actually employed in taking measures to procure and to transmit to the scenes of action, the many requirements for the sick and wounded. We read that our Princess Royal of England, as Crown-Princess of Prussia, has earned a happy reputation for kind consideration. Her Royal Highness is the inventor of a new pillow to lay wounded limbs upon. Very small bits of paper, torn so as to offer uneven sides, are put into a linen case, and this again into a covering of thin leather. This simple and inexpensive invention, which is said to be cooler than an ordinary pillow, has employed thousands of little hands in schools and families, enormous patience being required to tear up enough of the tiny shreds to make one cushion. The pillows have the great advantage that they are inexpensive, cool, and easily renewed. There is thus no danger of foul pillows being kept out of motives of economy.

The sick and wounded during a war always excite the compassion and the best sympathies of the noblest and fairest in all lands.

The *Saturday Review* in remarking on this point took occasion to point out that there is great room for some of this active and abiding compassion in the workhouse hospitals of England. We must endorse their opinions on this point. Sickly and wounded warriors are doubtless worthy of every attention, but we cannot discern anything more picturesque in their sufferings than in those of civilians. The *Austrian Medical Gazette* tells us that of the 12,000 wounded men brought to Vienna, not 5 per cent, are so severely hurt as to be in danger of losing their lives. The Austrians, though sorely beset, work hard to alleviate the sufferings of the very considerable number of wounded, and of the sick, present with their divisions. It must be inexpressibly pleasing to the Austrians to find the Hungarians coming forward with money and assistance for their sick and wounded.

Italy has always had the sympathy of England in her struggles for independence, and now Englishmen have an opportunity of showing their practical good-will by sending the various requisites for their military hospitals. Garibaldi has not yet been victorious, and a defeated force is always more in need of the best appliances and comforts than a victorious and jubilant column.

Let us hope that the armistice may soon be developed into a lasting peace, and that the sympathies that have been awakened for the military sufferers may flow in the direction of our suffering poor. We hear from Mr. Gathorne Hardy that he is proposing to do something for our workhouse hospitals next session. *There is no time like the present* for an active and earnest man. For our part we trust that Mr. Gathorne Hardy may soon find himself once more to the shady side of "opposition." He is too garrulous to be a practical man.

With the immense amount of correspondence, of leading articles, of investigations and Coroners' inquests, reported by the various journals, an ordinary man could have framed a Bill for the better management of workhouses in an hour. We cannot, however, expect humanity from a Tory government, whether in their management of the workhouse poor, or in their treatment of the honest "working men," who desire their Franchise right. The incompetence of Mr. Walpole has caused death to one person at any rate, and injuries to many, in the recent so-called "riots" in Hyde Park. We are glad the government has been obliged to give way on the question of right of meeting in Hyde Park. We cannot forget that the medical profession is a working man's profession. No scions of the aristocracy are to be found in our humble ranks, and our just demands for direct representation by virtue of our apothecaries' and surgeons' licences are treated with contempt. The so-called "working men" have been ousted from their own park by soldiers and police, and if occasion demanded such measures, a Tory government would not scruple to use similar measures to ourselves.

While two of the new Ministry have acted so badly, it is pleasant to note that the new Secretary at War (General Peel) intends not only to carry out the recommendations of the late committee for the improvement of the position of army medical officers, but even to step *beyond* them. The new First Lord of the Admiralty (Sir John Pakington) also deserves credit for his readiness to adopt the Committee's suggestions with reference to our naval brother doctors.

The public health has occupied the attention of all classes of the community, for we have had singularly hot weather, which in our overcrowded towns brings with it disease and death. Sunstroke, or heat apoplexy has occurred in some parts during the past month. Such cases, of course, are uncommon, but there is another disease that is no less deadly, yet more pre-

ventible, which we take extraordinary measures to resist when it is upon us, but which we are apathetic about, when it merely decimates our continental neighbours or our soldiers in India. We mean the cholera. When will London and our large towns use some proper means for hindering overcrowding and for providing for the washing and cleansing of their filthy streets?

When men, women and children have died by thousands, then some complete legislation will take place, but not till then. The workhouse infirmaries are breeding grounds for cholera, but they are not to be legislated for till next session, forsooth. Two reports on London Workhouse infirmaries have recently been issued by Mr. Farnall, and Dr. Smith respectively. Both gentlemen are Poor-law Inspectors, and both have seen the evils of the system. Dr. Edward Smith is less feared by the "guardians of the poor." They do not object to the inspections of Dr. Edward Smith, but Mr. Farnall has presided at too many "enquiries" to be delicate and smooth-tongued. We give an abstract of Mr. Farnall's report which will show to our readers, that the Poor-law Board has not *got* the requisite power for ruling refractory vestries. Mr. Hardy would have us believe that the Poor-law Board had not *used* their *dormant* power.

In some points Dr. Smith's and Mr. Farnall's reports are similar, but as some important points are touched on by Mr. Farnall that are less noticed by Dr. Smith, we give an abstract of Mr. Farnall's report, which we know will be read with interest by the subscribers to the MEDICAL MIRROR.

The report of Mr. H. B. Farnall, C.B., on his recent inspection of the metropolitan workhouse infirmaries is of considerable length, but its principal point may be briefly summarised. Mr. Farnall has, in conjunction with Dr. Edward Smith, inspected the infirmary wards of forty workhouses, which are stated to be capable of accommodating 28,550 inmates, and there are usually upwards of 23,000 persons in them, who may be classified as follows:—viz., temporarily disabled, about 6,000; old and infirm, 10,300; imbeciles and idiots, 1,800; able-bodied, 1,850; and children, 3,000. Mr. Farnall in the course of his inspection visited 794 wards, containing 9,238 beds (ninety-seven of which were double beds), and occupied day and night by sick and bed-ridden poor. Mr. Farnall directed his inquiries to ascertain the number of cubic feet of air allowed to each patient. Various authorities, which he cites, think this should be from 1,000 to 2,000 feet; but it appears that the infirmaries of the metropolitan workhouses give, upon an average, only 555 cubic feet to each patient, with a superficial area of forty-nine feet for each bed, the greatest cubic space of air given to a patient being 2,260 (at Chelsea), the lowest being 206 (Marylebone), while the greatest superficial area given to a bed is 251 feet, and the lowest 18 feet. The workhouse infirmary at Chelsea, belonging to the guardians of St. George's, Hanover Square, is characterised as the best in London, giving an average area of 829 cubic feet to each patient, and an average area of 70 superficial feet to each bed. With regard to cooking for the sick, Mr. Farnall thinks pauper cooks are unlikely to understand cooking, and that there should, therefore, be a paid trained cook and a separate kitchen for the sick wards of each of the metropolitan workhouses. *Upon the whole, Mr. Farnall is enabled to report that the medical officers of the metropolitan workhouses do their duty to the best of their ability; but, in many instances, their duties are very arduous, and their salaries inadequate.* Mr. Farnall thinks that pauper nursing should be wholly abolished, and a sufficient staff of properly trained and paid nurses should be appointed for every workhouse infirmary. He has come to this conclusion, because he finds that a great many of the pauper nurses now employed cannot read either the printed or the written labels on the bottles of medicine which they are entrusted to administer, because they are, as a rule, feeble old women, who know nothing about nursing;

because their previous careers have, in many instances, been vicious ; because their love of drink often drives them to beg, or buy, or rob the sick of the stimulants which they should give them, and because their treatment of the poor is, generally speaking, not characterised either by judgment or gentleness. It appears from the conclusion of the report that the Poor-law Board has no power to compel boards of guardians to build infirmaries for the sick poor, or to oblige the guardians to elect and pay resident medical officers, or to enforce the paying for drugs out of the rates ; and, therefore, until these powers, and other powers similar to them, are conferred on the Board by the Legislature, sufficient infirmaries for the sick poor are not likely to be built. Mr. Farnall has frequently failed when he has recommended a board of guardians to build a new workhouse. There are always one or two reasons, he says, which the guardians adopt to avoid building ; one of these is that the times are so bad that the ratepayers cannot bear the necessary taxation ; the other, that the times are so good and pauperism so low that there is no necessity to build a new workhouse. *Mr. Farnall is of opinion that the Poor-law Board should have power to order sufficient sick wards to be built for the poor, and to be paid for out of the rates in the metropolitan district, and to establish and maintain in such sick wards, and out of the rates, a sufficient staff of medical officers and trained nurses, together with such drugs and medical appliances as they may consider necessary, without the consent of the guardians.* He thinks that hospitals should be built wholly apart from the metropolitan workhouses, for the reception of the sick poor, and that the cost of building and of maintaining these hospitals, and of supporting the sick poor in them, should be defrayed by a common rating of the metropolis, based on its rateable value.

The report of Mr. Farnall is honest and impartial. So is the report by Dr. Edward Smith.

Officials must guard against sensational statements, still there is enough to prove that in any real preventive measures against cholera, the conditions and improvement of the workhouses should receive special attention.

As regards the general overcrowding in towns, the enormous evils of closely built and overcrowded dwellings were clearly shown in some statistics which were read at a recent meeting of the "Society for Improving the Condition of the Labouring Classes," held at Willis's Rooms. The mortality during the past year of dwellers residing on the property of this society, which gives accommodation to 1,678 persons, had been only 28, and 12 of these were children under eight years of age. In the dwellings of the society, they say, the mortality had been only about 16 in the 1,000, whilst if they averaged the whole metropolis it was 26 ; in Edinburgh, 27 ; Manchester, 33 ; and Liverpool, 41 per 1,000. The increase of the labouring class in London, by importation from the provinces alone, is from 60,000 to 70,000 per annum.

Cholera is upon us, and with its usual fickleness it has chosen various localities to appear in. In London, Liverpool, Winsford, Goole, Dewsbury, Llanelly, South Shields, and in Leith, already cases have occurred.

DR. SIMON ON THE CONTAGIOUSNESS OF CHOLERA.—The report of Dr. Simon to the Privy Council on the Public Health, issued 19th July, contains an interesting chapter on the cholera, which enforces thoroughly the theory of the contagiousness of the disease. Dr. Simon says :—"The doctrine on this subject which in my opinion deserves, in the present state of knowledge, to be accepted as practically certain—sufficiently certain, I mean, to be made the basis for precautionary measures—may be stated in the following propositions :—That when cholera is epidemic in any place, persons who are suffering from the epidemic influence, though perhaps with only the slightest degree of diarrhoea, may, if they migrate, be the means of conveying to other places an infection of indefinite severity ; that the

quality of infectiveness belongs particularly, if not exclusively, to the matters which the patient discharges by purging and vomiting from his intestinal canal ; that these matters are comparatively non-infective at the moment when they are discharged, but subsequently, while undergoing decomposition, acquire their maximum of infective power ; the choleraic discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters with which they mingle in drains or cesspools, or wherever else they flow or soak, and to the effluvia which those matters evolve ; that if the cholera contagion by leakage or soakage from drains or cesspools, or otherwise gets access even in a small quantity to wells or other sources of drinking water, it infects in the most dangerous manner very large volumes of the fluid ; that in the above described ways even a single patient with slight cholera diarrhœa may exert a powerful infective influence on masses of the population, among whom, perhaps, his presence is unsuspected ; that things such as bedding and clothing which have been imbued with choleraic discharges, and not afterwards fully disinfected, may long retain their infectious properties, and be the means of exciting choleraic outbreaks wherever they are sent for washing, or other purposes." Speaking practically, Dr. Simon has no doubt that quarantine, conducted with great rigour and with the precision of a chemical experiment, will keep cholera out of any part of Europe in which the extremely difficult conditions can be absolutely fulfilled. He is quite satisfied that it ought to keep the disease out of England.

In the east of London, in Liverpool, and in Winsford, the cholera is the most severe.

Dr. Ansell, of the East-end of London, died of cholera after twenty-four hours' illness, and his servant also died of the same complaint.

With reference to the cholera, the Privy Council has just issued the following, which has been ably summarised by the *Scotsman*, from whose columns we extract it :—

"The Privy Council have just issued two orders in pursuance of the powers given by the 'Diseases Prevention Act,' containing directions and regulations to be enforced in the metropolis and all unions and parishes in England, and in all parts and arms of the sea lying within the jurisdiction of the Admiralty. These documents have been sent to the boards of guardians or vestries of every parish. That with regard to the metropolis directs the board or vestry in a parish where cholera or diarrhœa may exist to meet daily, with the view of carrying the regulations into force, power being given to them for the appointment of necessary medical officers for various purposes, including a daily house-to-house visitation amongst the poorer classes, and giving the necessary immediate medical assistance to the sick. Such medical visitors are to report cases of destitution requiring relief to the relieving officer, who is to afford it at discretion, and in every case of cholera or diarrhœa, where the patient is not under medical care and treatment, the vestry or board shall cause medical assistance to be rendered with the utmost expedition, and such aid and comfort, nourishment, and accommodation as the circumstances of the case will admit, with the object of restoring health. The vestry or board are also to provide nurses to aid the medical visitors, and, where necessary, hospitals for patients who have no home, or cannot otherwise be properly treated. Directions are also given for the proper separation of the sick and healthy in dwellings where disease exists, and for the disinfection or destruction where necessary of bedding, clothing, and other things. Vestries or boards having power over waterworks are to cause the reservoirs, cisterns, pipes, pumps, and other apparatus belonging thereto to be cleansed and purified. Arrangements are to be made with undertakers, and with the proper authorities of burial grounds, so that coffins may be ready to be supplied immediately on demand, and interments speedily take place in the cases of

death arising from cholera or diarrhœa; and the vestry or board shall, when informed of any such death, cause the corpse to be buried with the earliest possible despatch. No collection of persons is to be allowed in such case to assemble in the room where the corpse is, and no 'waking' of the dead is to be allowed. The immediate removal is ordered from any room which living persons inhabit of the corpse of every person dying from cholera or choleraic diarrhœa until the time of its interment, and such means are to be adopted for preventing the spread of infection from the corpse as the medical officer of health of the district shall recommend. Precautions are to be taken by boards or vestries as to ships and vessels lying in their parish or district. Statistical returns are to be furnished weekly to the Privy Council. Vestries or boards are to distribute such admonitory notices to the owners and occupiers of property within their parish or district as to the provisions of the Acts for the removal of nuisances as shall appear to be requisite, and all such medical advice and such directions and instructions as in their judgment shall be necessary to afford aid to persons attacked with cholera or diarrhœa, or for the carrying of these regulations into execution, and inform the public what special arrangements have been made for affording medical or other assistance in the parish or district. In conclusion, a general order and exhortation is given for aid to vestries or boards in their efforts to prevent or mitigate the disease in question."

The medical profession was shocked at the beginning of July by the following suspicious death of a doctor's wife, at Brighton:—"An inquest has been opened at Brighton into the death of Mrs. Warder, the wife of Dr. Warder, a physician who has been staying at Brighton for some time. Mrs. Warder, whose brother (Mr. Branwell) is a surgeon practising at Brighton, was taken ill some four or five weeks ago, and her brother called in Dr. Taafe, a local practitioner, to attend her. Dr. Taafe administered various remedies without success, and finding that he could not account for the disease by any natural cause, he communicated this fact to Mr. Branwell. It was then agreed that if they could not come to a more decided conclusion as to the case, another medical man should be called in. However, Mrs. Warder died. Dr. Warder, on the suggestion being made to him, assented to a *post-mortem* examination, and it was made by Dr. Taafe and two other medical men, who all agree that death is not to be accounted for on natural causes. The viscera have been sent to Professor Taylor for analysis, and the inquest is adjourned for ten days." A few days after the inquest on Mrs. Warder, the whole of London was horrified by the following paragraph, which appeared in many London newspapers. On the 10th July "Dr. Alfred William Warder committed suicide at the Bedford Hotel, Brighton, under painful and extraordinary circumstances. Deceased, who was formerly a lecturer on medical jurisprudence at the Medical School adjoining St. George's Hospital, and one of the medical officers for St. Luke's, Chelsea, had married the sister of a Brighton surgeon, and had lately gone to visit at Brighton, taking lodgings at a house, No. 36 Bedford square, kept by a Miss Lansdell. Mrs. Warder died there under suspicious circumstances, and the medical men engaged in the case having refused to certify any natural cause of death, the coroner was communicated with, and the first stage of the inquiry opened. The facts then disclosed were of such a nature that Dr. Warder was placed under the surveillance of the police. It is said that on the day of the inquest (Thursday) he applied to a Brighton chemist for some aconite, but the chemist refused to sell him any. Nothing particular transpired since then till Monday morning, when the chief constable (Mr. George White) was in possession of the fact that Dr. Warder had gone by train to London, and in the evening intelligence was brought that he had returned. It appears he went back to his lodgings in Bedford square, where he remained

since the death of his wife, and whence, on Saturday, he followed her corpse to the grave. There was nothing very unusual in his demeanour, and when Miss Lansdell, the landlady, and her servant went to bed about eleven o'clock on Monday night he was in his sitting-room. There is scarcely any doubt that as soon as he ascertained Miss Lansdell and the servant were gone to bed, he quietly let himself out by the front door, for at half-past eleven he entered the Bedford Hotel and asked for a bed. He was then carrying a black bag, and was taken by the servants to have just arrived in Brighton. When a room was indicated he said he would go to bed at once, and went upstairs directly. Yesterday morning his room was not vacated like the others throughout the hotel. The chambermaid looked in several times and saw the occupant in bed, his feet projecting from the bedclothes. As the forenoon wore on, the lengthened sleep of the new arrival was, of course, the subject of conversation and speculation among the servants; but it was not till two o'clock in the afternoon that any active steps were taken. The room was entered at that hour, and Dr. Warder was found dead in bed, having apparently been dead some hours. His name was not then known at the hotel; but on the dressing table of his room was found a letter addressed to Miss Lansdell, and as soon as this fact was made known to the chief constable, the idea of the real truth was given, which was soon put to absolute proof by the sight of the unfortunate man's body. Close beside the body was a bottle containing prussic acid, and the medical men called in entertain no doubt, from the appearance of the body, that death was caused by that poison. In one of the pockets of his clothes was a box containing two pills, which appear to be mainly a strong preparation of laudanum or opium. His watch, keys, &c., were all found in the room. Meanwhile, his absence from his lodging had been noted. When he did not appear at his usual hour, the servant looked into his bed-room, and found that he was not there. The front door, also, was found on the latch; but it was thought he might have gone out early for a walk. On his lengthened absence Miss Lansdell went into the bed-room, and it was then found that the bed had not been lain in all night. Still, not much anxiety was felt, and when Miss Lansdell first heard the news from the police she was no less surprised than shocked. The letter left for her by the unfortunate man was a request that she would forward an enclosed letter to a Miss Gunning, at Brompton. The letter was opened by the chief constable, and, we believe, will be produced at the inquest. It asks Miss Gunning to take care of his valuables, &c. We believe it will transpire that the deceased had four children (by his first wife) whom he placed in Miss Gunning's care. It is thought that the journey of the unfortunate man to London and back was for the purpose of procuring the poison. There might have been some difficulty in doing so at Brighton. His going to the Bedford Hotel may have been the vagary of a madman; or it may have had the object of preventing further annoyance and anxiety to Miss Lansdell. Deceased was about forty-five years of age. We believe we are but forestalling evidence to be duly brought forward in the course of the pending investigation, when we add that the unfortunate suicide was twice previously married. His first wife, we understand, lived apart from him for some time, but died during renewed cohabitation. The life of his second wife—who died, we are informed, eight months after marriage—was insured. His third wife (Miss Branwell) brought him a considerable marriage portion."

The Coroner's jury on Mrs. Warder considered that her death had been hastened by *aconite*.

The Coroner's jury on Dr. Warder returned a verdict of *felo-de-se*, and brought in a verdict of Wilful Murder against the deceased doctor.

The entire profession has been horrified by these fearful disclosures, and it only regrets that Dr. Warder's villanous career was not ended by the hand of the common hangman.

The *Morning Post*, with reference to this wretched case, had the bad taste to insult the profession by saying that, for the future, doctors ought not to attend their wives.

The *Court Circular* has most ably and warmly vindicated the honour of the profession, and we are sure that we are not wrong in thanking its conductors in the name of the profession.

We gladly change the subject. Our readers will be glad to see the following tribute to their only English sister in medicine, Miss Garrett, L.S.A., who has so resolutely held her own, and whose courage and ability have brought her so many friends among the highest, not only in the profession, but in the land. Dr. Billing said—Not only is the management of the dispensary mainly in the hands of ladies, but in Miss Garrett we have the first legally qualified female practitioner which England can boast. In America, where they move faster than we do, I am assured that women doctors are establishing themselves fairly in the good opinion of the public; that during the late war there were women who acted with skill and efficiency as army surgeons. I consider it very important that the women who enter the profession should do so thoroughly, that they should not profess to take medical supervision unless they have had a complete medical examination and training. And this is what Miss Garrett has had. She has not only gone conscientiously through the five years' course of study laid down by the examining bodies, she has not only passed with credit the examinations for the diploma of L.S.A., but I am able to say from personal knowledge that she would undoubtedly have obtained the degree of M.D. had she been allowed to present herself for examination at the London University. In explanation of this positive assertion I must ask you to pardon me for being somewhat personal. In my capacity of Examiner in Medicine at the London University, I was naturally interested in the application she made for admission to the medical examinations, and hearing that she was studying in the wards of my old hospital in London, I made it my business to go and see her. You are probably aware that for the diploma of M.D. the student not only writes answers and goes through a *viva voce* examination, but that he is also taken to the bedside and made to explain case after case to the examiner, and state what treatment he would follow. Now, this was the examination I put Miss Garrett through; we went through the ward, and I asked her more than I should generally ask a candidate for the M.D. degree, and I am bound to say that no lord of the creation ever acquitted himself better than she did, and that, had I been allowed to examine her for the degree, it would have been not only gained, but gained with great credit. We cannot call Miss Garrett a physician-accoucheur, because the College of Physicians also refuses to admit her, but she has the diploma which nine-tenths of the general practitioners hold, the licence of the Society of the Apothecaries, and what is of more consequence, she has the knowledge which will qualify her to practise with skill and success. Mrs. Russell Gurney, Lady Goldsmid, Professor Fawcett, M.P., Mrs. P. A. Taylor, Rev. J. H. Davies, James Heywood, Esq., F.R.S., and Nathaniel Montefiore, Esq., were among those present at the meeting.

"It is stated," says the *Progrès de Lyon* "that Count de Flahault is urging the Emperor to institute a decoration which should be given exclusively to women for acts of courage, devotedness, or charity. This order should be called the Eugenie." If the Emperor were to order such a decoration, it would be much prized, and it would greatly stimulate the formation of good corps of nurses. If foreigners are permitted to receive this decoration, we trust Miss Elizabeth Garrett, L.S.A., will not be forgotten.

The death of Mr. Toynbee has cast quite a gloom over the profession. His

name is added to the long list of martyrs which our profession has furnished. His death occurred just at the time that the Dr. Warder scandal was horrifying the public mind, and it acted as a splendid vindication of the honour and devotion of our cloth. He met with his death accidentally, while prosecuting his experiments, by inhaling a combination of chloroform and prussic acid. The Medical Benevolent College has lost a munificent patron. "We have buried his body in peace, but his name liveth for ever."

ROUNDAABOUT PAPERS.—No. III.

"WHAT SHALL I DO WITH HIM?"

OUR great London specialists who have got safely beyond the skim milk of the medical profession, and who are now taking the cream of it, don't require to ponder long on the above question. The olive branches of our rich doctors need not fear for the future, and their parents are not kept awake at nights by any anxious thoughts concerning the prospects of the young hopeful, who, as the neighbours say of him, "ought to be doing something for himself." A great surgeon or a popular physician has patrons, who wonderfully assist in the choice of a son's profession: One patient has interest at the Horse Guards, and what would be a better use to put it to than in obtaining for the son of charming Dr.—— a commission without purchase? Another has interest with some secretary to government, and a nomination to a civil appointment examination is obtained.

The aristocracy of the profession, therefore, can answer readily enough the too many vexed question: "What shall I do with him?"

There are few eminent physicians and surgeons, who choose their own profession to place their sons in. They are too well aware that for one prize in medical life, there are twenty blanks. Thus, the prosperous sons of physic do nothing towards the elevation of their profession. Indeed, some prosperous doctors not only place their sons in other callings but absolutely leave their profession themselves and drop their doctor's title like a hot potato.

Thus the medical profession is chiefly recruited by poor men, whose exigencies oblige them to seek a livelihood on the rough and stony paths of life.

While the specialists of our towns readily answer the question "What shall I do with him?" there is a large class of medical men who cannot do so without much careful thought and much anxiety.

The great body of the general practitioners of the kingdom, who are, undoubtedly, the life of the profession, are naturally anxious about the future of their calling, and cannot therefore bring up their sons to a laborious profession that, through the stupidity and selfishness of the few is becoming unprofitable to the many.

The extension of village and other hospitals, which latter already, in towns, eat up the living of the general practitioners, are now gradually ruining the prospects of the country doctors. "The labourer is worthy of his hire" in every profession, except in that of medicine. People in easy circumstances who would scorn to beg for bread or money in the streets, do not object to pick the pockets of poor doctors, who can ill afford to lose even the small fees that a sordid public occasionally doles out to them.

Gratuitous medical service is the curse of our profession. What can be got for nothing has no value, and a medical man who works for nothing injures not only himself but his brothers. Let us look into the present systems. We have a perfect host of medical charities worked by doctors who receive *Nothing* for very considerable services. What in God's name can induce any man of sense, who has anybody dependent upon him, to wear away his mind and body for that which brings no bread to his children and no credit to himself? Do we not find that the Doctors of charities are universally snubbed? Is it not true that their gratuitous services are of no account? We remember hearing a discussion at the annual meeting of a London hospital which is ludicrously in point. It was a question of the choice of an operating day. The operations were performed by the *unpaid medical staff*, but the convenience of the *unpaid staff* was not allowed to weigh in the balance. "Of course not," our readers will say, "the convenience and necessities of the sick were the first consideration." But it was no such thing. The convenience of the *paid* Matron was well considered. The chaplain's whims were sacred things, but the actual business men were allowed but scanty courtesy; and the general meeting of annual subscribers settled by a resolution a fixed operating day, as a compromise between the whims of the chaplain, the ease of the matron and the requirements of the working doctors. The patients were never mentioned at all. Practical men know that patients cannot be always ready for *fixed* days, but committee men are a class by themselves, who covet a reputation for philanthropy out of the hard work and the brains of the unpaid doctors who act under them.

How long will medical men allow themselves to be hoodwinked? How long will they allow the public to pick their pockets and kick them into the bargain?

An absurdly constituted and utterly unpractical medical council thinks the present pitiful condition of the medical profession arises from a deficiency of knowledge—God help them! Want of money is the true secret of the low "*status*" of the medical profession, and *how can we get money if we work for nothing?*

We can sympathise with the general practitioners of the kingdom when they say to their wives, with reference to their sons, "What shall we do with them?"

THE MEDICAL MIRROR.

SEPTEMBER, 1866.

ORIGINAL COMMUNICATIONS.

** Facts and Conclusions bearing upon the questions of the Infectious Character of Asiatic Cholera, and the Necessity of a General, Uniform, and Efficient System of Quarantine at all our Ports, as communicated in a Letter to the Hon. Z. Chandler, Chairman of the Senate Committee on Commerce. By CHARLES A. LEE, M.D., of New York, and J. M. TONER, M.D., of Washington, D.C.*

SIR,—As the question of instituting a general and uniform system of quarantine is still before the Senate, will you allow the undersigned to state briefly some of the arguments and conclusions arrived at on this subject by those who have made the cholera a special study?

Pestilential cholera, with strongly-marked infectious properties, first commenced at Jessore, a populous town in the centre of the Ganges, and cut off a majority of those whom it attacked. It spread in every direction throughout India and the adjoining countries; and although there have been at times intervals of complete immunity from its presence, it may be said to have become naturalized in India, and now forms one of the diseases of the country.

For several years it was confined to eastern and central Asia; in 1829 it invaded Russia, and the central and western countries of Europe; in 1831 it appeared for the first time in England, and was distinctly traced to ships arriving from Riga, Cronstadt, Hamburg, and Dantzic, where the disease prevailed, and the infection was conveyed to many places in both England and Scotland, in the clothes and bedding of sailors who had died, either in those foreign places, or on the passage of ships to English ports.

From England the pestilence was conveyed in an emigrant vessel across the Atlantic to Quebec, in the spring of 1832,

* From the *New York Medical Record*.

many emigrants having died with it on the passage. It broke out in a severe epidemic form at Quebec on the 6th of June, three days after landing ; and on the 10th the first case occurred at Montreal, whence it extended to places on the lakes, and down the Champlain canal and Hudson river to New York, where it appeared on the 24th of June. From thence it spread south and east, and in different directions, till it prevailed very generally over our country. In every invasion of cholera since, its course along the main routes of travel can be distinctly traced ; while in large numbers of instances it has been known to be carried by persons who had been exposed to the disease in infected places, to hitherto healthy localities, and there communicated to their families, nurses, and attendants. Dr. Evans, in his memorial to Congress, has given many striking instances of the kind which occurred under his observation, where the disease was carried from Chicago in 1849 to numerous villages in the interior of Illinois.

When the cholera first appeared in India it was not regarded as contagious or communicable, but was believed to be of atmospheric origin, and propagated by atmospheric influences ; and no special measures were adopted to prevent its spread. Year by year, however, it grew more malignant and infectious, and became a source of serious alarm to nations and governments.

Hence, for more than thirty years, it has been a subject of special study and observation by the best minds in the medical profession ; and scientific commissions to investigate its nature and mode of propagation have been appointed by the chief governments of Europe ; which, with great unanimity, have arrived at the following conclusions :—

1st. That cholera is a peculiar and specific disease which originated in India, and has never been known to originate elsewhere, and is capable of reproducing itself under favouring circumstances in every country and climate.

2nd. That the disease is portable and infectious.

3rd. The more recent investigations show the great probability that the germs of the disease are contained chiefly in the dejections and excretions of the body, in every stage of the malady, from its first inception, whether its character is mild or malignant.

4th. The evidence of the portability and infectious properties of cholera is to be gathered from the history of each of the several occasions that it has prevailed in the United States.

5th. The evidence is complete to show that Asiatic cholera has never originated in the United States, but in every instance in which it has prevailed in America has been brought in ships and landed upon our shores. A few instances of this may serve to impress this point still more strongly on the mind.

6th. During the last thirty years ten epidemics of cholera have occurred at the New York Quarantine station, which were distinctly traced to cholera patients from ships from foreign ports; and, in six instances, at a time when there was no cholera upon our Atlantic coast.

7th. The first visitation of cholera upon our shores through the port of Quebec has been alluded to. The second was through the emigrant ship *New York* which sailed from Havre on the 9th of November, 1848; during the passage fourteen fatal cases of cholera occurred. The ship arrived at the Quarantine station on Staten Island on the 2nd December, when the sick and passengers were landed. A severe epidemic of cholera immediately broke out on the island in mid-winter, causing many deaths; but, owing to strict quarantine, the disease did not reach the city.

8th. The ship *Swanton*, from Havre, arrived at New Orleans on the 11th December, 1848, nine days after the *New York* arrived at Staten Island, with 280 emigrants on board. Thirteen passengers had died with cholera on the passage. No quarantine was instituted, and the ship came to the wharf. The day after the arrival of the passengers in the city, the cholera broke out and became epidemic.

9th. The *Atlanta*, from Havre, arrived at New York on the 2nd of November last, with a large number of German emigrants; many had died of cholera on the passage. The disease was confined exclusively to the steerage passengers. A strict quarantine prevented the introduction of the disease into the city.

10th. It will be recollected that the steamship *England* put into Halifax on the 9th of last month, with some 1,200 passengers and a crew of 100 men, with a large number of German passengers who had come from places infected with cholera; 160 cases of the disease occurred on board, and fifty deaths during the passage. Owing to strict quarantine at Quebec, the disease was checked there, and the ship is now at quarantine in New York, the passengers having been landed after undergoing the usual quarantine. It will also be remembered that on the 18th of April, now nearly one month ago, the steamship *Virginia* arrived at New York with over 1,000 passengers, most of them Germans, many of them from infected places in Germany, where they had been exposed to the disease. About fifty died of cholera on the passage. Many new cases have occurred among the passengers since her arrival, but the disease, by strict quarantine, has been kept out of the city, nor has it spread in any direction.

The above cases serve to illustrate forcibly the success of an efficient quarantine.

11th. The cholera had never appeared on the coast of South Carolina before the arrival of the brig *Amelia*, in October, 1832, which was wrecked on Folly Island. She had sailed from New York on the 19th of October, 1832, bound to New Orleans, with over 100 passengers; twenty-four had died of cholera on the passage. After being shipwrecked, a body of wreckers went over from Charleston to secure the vessel and cargo. Most of them were attacked with cholera, and eight of them died. Eighteen men had been detailed from the city guard to act as a *cordon sanitaire*; they communicated freely with the sick and passengers, and every one of them was speedily attacked with the disease. Of the four negroes who were the sole residents on the island, three died of cholera within a few days.

12th. Cholera had never appeared at Key West until the arrival of the *Ajax*, which had sailed from the infected port of New Orleans with the disease on board, when it immediately broke out on the landing of the passengers.

13th. These are but a few of the instances that might be given where cholera has been carried from one place to another in ships; and, although the disease is not contagious, in the same manner as small-pox and scarlet fever, yet there can be no longer any doubt that it spreads by means of human intercourse. This we regard as so well established, that a practical disregard of it involves the assumption of a grave responsibility.

Cholera sometimes breaks out on board of vessels many days after they have sailed, and after a longer period has elapsed since leaving port than the longest known period of incubation of the disease. But in all such cases we maintain that clothing from infected places or persons has been opened on board, and passengers have been exposed to these infected articles, and thus have taken the disease. Sufficient facts are now on record to warrant the assertion that the connection between the arrival from an infected to a healthy and often isolated locality, of those sick with cholera or their effects, and the speedy appearance of the disease in that locality, is sufficiently immediate to stand in the relation of cause and effect.

14th. The negative evidence which is advanced against the infectious nature of cholera, does not weaken the accumulated force of the facts in its favour, many of which do not admit of a reasonable doubt; but it is always to be borne in mind, that the liability to the disease in healthy individuals is comparatively slight, and is diminished or strengthened by localizing causes, as filth, impurity of the air and drinking water, moisture, &c.

15th. Cholera derives its malignant and epidemic character from these localizing causes; as dark and damp habitations, filthy streets, decaying organic matters, bad drainage, local damp-

ness, malarial influence, obstructed sewers, neglected gutters, stables, garbage, cesspools, privies, overcrowding, and neglect of ventilation; and if proper sanitary measures are adopted in our cities, towns, and villages, and the dejections of cholera patients immediately disinfected, the spread of the disease may be entirely controlled and kept within limited bounds, as it has been on Staten Island during the last year, and other places.

16th. The recent cholera epidemic in Constantinople, where it is estimated that 50,000 persons died of the disease, adds overwhelming testimony to illustrate this point. The sanitary condition of that city is exceedingly defective, all offal and filth being thrown into the streets, where it undergoes putrefaction exposed to a burning sun. The only drains are open ditches in the middle of the narrow streets; and the Turkish houses are, as a rule, wanting in the most necessary conditions of health.

17th. An examination of our consular correspondence in the office of the Secretary of State, amply confirms the preceding statements. The Hon. J. O. Putnam, U. S. Consul at Havre, writes as follows, under date of November 30, 1865:—

“Cholera first made its appearance here on the 10th October. It was undoubtedly brought here by German emigrants, of whom, from the 7th to the 9th of October, there were about nine hundred, who arrived from Paris, where the disease was at its height. The emigrants were *en route* for New York. The cholera broke out among them on the morning of the 10th. Nine adults were taken to the hospital, of whom eight died in the course of forty-eight hours. There were also two or three deaths from cholera in the emigrant hotels.”

Many of these German emigrants embarked in the ship *Atlanta*, which brought the disease to New York in November last, as above stated.

18th. Our Consul-General at Florence, T. Bigelow Lawrence, writes as follows, under date of September 25, 1865:—

“I have the honour to transmit herewith a despatch from our consul at Genoa, reporting the recent appearance of a very few cases of Asiatic cholera within his district, with a general account of the malady in other portions of the kingdom, and the sanitary measures adopted against its increase and general dissemination. The history of the progress of this terrible disease during the present season *proves beyond question that it is, according to the usual acceptation of the term, contagious, and need not become epidemic where quarantine measures, combined with judicious sanitary regulations, are strictly enforced.*

“The statistics upon the subject from this kingdom so strongly support this theory, that it is ardently to be hoped the experience of Italy will serve as a guide to other nations as yet exempt from its visitation. The circulation among the municipal authorities of our Atlantic seaports of some of the facts contained in the accompanying despatch, *with a recommendation from the General Government that a rigid quarantine be enforced in the case of all vessels arriving from infected localities, may be the means of saving our country from the ravages of a pestilence which there is every reason to believe will at an early day approach its shores; but which,*

with the experience of Italy and the Mediterranean nations in view, need by no means obtain an established foothold therein."

In a subsequent letter dated Florence, October 23, 1865, Mr. Lawrence remarks as follows:—

"The Asiatic cholera has greatly diminished in the infected districts in the southern and eastern portions of the Italian Kingdom, owing partly to the cool autumnal weather, and in a still greater measure to the strict sanitary and quarantine regulations which have been rigidly enforced. The efficiency of these measures may be considered tested, and their value proved in the case of Italy, where the pestilence is diminishing; while in France, where the climate is more temperate, and the good habits of the people much more favourable to health, it is greatly on the increase."

The United States Consul, J. A. Johnson, at Beirut, Syria, writes to the Secretary of State as follows, under date of Feb. 28, 1866:—

"The cholera was introduced into Beirut from Egypt by steamers, some of whose passengers died en route in the quarantine, and in the streets and houses of the town." He also states that the disease could be traced distinctly *from place to place by means of human intercourse*, and that it was kept out of places by strict quarantine. He reports that *"the cholera was brought into Damascus by the guards of the pilgrims, who opened the packages of clothing they had plundered from the dead, and that it first appeared in the locality inhabited by them."*

The Vice-Consul at Aleppo reports, *"that the disease was brought there by fugitives from the coast towns, and was increased by the arrival of thirty putrid bodies brought by pilgrims for burial."* He also states that both at Aleppo and Damascus, *"those who maintained strict quarantine in their houses were not infected;"* that *"cholera was brought first to Syria in 1832, by Moslem pilgrims from Hijaz;"* and that in 1848, *the infection was introduced into Damascus by Moslem pilgrims from the north.* I have learned," he adds, "from the English Consul-General, that on the arrival from Egypt of an infected steamer, which was permitted to perform a three days' quarantine off Beirut, almost the entire crew of a British corvette, lying at anchor to windward suffered severely from diarrhœa. Quarantines, to be efficacious, should be located several miles distant from populated cities. *The cholera is no doubt a product of India, and is carried by pilgrims, through rapid steam communication, to Mecca, where the immense crowds of half-famished devotees, already sickened by the putrid remains of sacrifices, furnish circumstances favourable to the rapid increase and spread of the poison.*" *"A quarantine on all vessels arriving at Jeddah and Bassorah, and all pilgrims at Suez, might do much towards stifling this scourge in its infancy, or, at least, to confine it to the country in which it is indigenous."* "It is to be hoped," says our Consul, "that the cholera conference, now in session at Constantinople, may ac-

compleish this, if no more ; else it is to be feared that the visitation of this dreadful plague will become annual in Europe, and possibly in America."

The testimony of all our Consuls abroad, where cholera has prevailed, is to the same effect ; and the opinion of physicians in Europe has been constantly tending to a belief in the portable and infectious character of the disease, till there is at this time great unanimity on the subject.

In the United States, except at a few of our larger ports, as New York and Philadelphia, quarantine against foreign pestilence has been either imperfectly enforced or not instituted at all, and our country is absolutely at the mercy of any foreign infectious pestilence that may be brought into it. If quarantines are, in some measure, destructive to commerce and burdensome to the merchant, they are also protective of his life and conducive to his interest. The pecuniary loss of a hundred years by the quarantine establishment of a large city cannot equal the ruin and desolation of a single season of the pestilence. It is a remark of the learned Dr. Copland, that "*to the entire neglect of government measures of prevention, and to insufficiently strict quarantine regulations, the extension of the cholera pestilence throughout the countries of the East, and through Europe and America, is entirely to be imputed.*"

In regard to the question of quarantine, we take it for granted that every right-minded person will agree that it is not only the province, but the duty of a state or nation, to enforce, through its local authorities in every part of the country, such sanitary measures as will prevent a domestic origin of pestilential diseases. It follows, then, that if it is proper for the Government to endeavour to prevent, by proper legislation and police inspection, the origin of infectious diseases, it is equally its duty to see that no portable or infectious disease be permitted to spread from an infected to an adjacent and healthy locality. Indeed, we believe that each state, municipality, and city, throughout our country, possesses the right to surround itself with a *cordon sanitaire*, if it chooses, so as to prevent infected persons or things from entering its borders, either by land or water. There can be no question that if truly contagious disease, whether of foreign or domestic origin, was to break out or prevail in any one of our large cities, it would soon be conveyed by persons or effects, coastwise or overland, to all the other cities, unless prevented by an internal quarantine. However, the chief danger to be apprehended in the United States from pestilential and communicable diseases arises from the facility with which they may be imported and landed from foreign countries in consequence of our inefficient system of quarantine.

We apprehend there is no apology necessary for making sug-

gestions at this time that may assist in devising and putting in practice a system of quarantine that will, in conjunction with internal sanitary regulations, prevent the introduction into our country of foreign and communicable diseases.

Those who believe in either the domestic origin or the atmospheric importation and spread of yellow fever, cholera, &c., place little or no reliance upon a *cordon sanitaire* or quarantine regulations.

Quarantine, as at present conducted, is opposed by ship-masters and importing merchants, on the ground that it unnecessarily and ruinously taxes, impedes, and restricts commerce. That there may have been arbitrary exactions and unnecessary detentions imposed upon shipping and passengers through faulty quarantine legislation by the different States, in their desire to prevent the introduction of foreign, portable, and infectious diseases, we will not pretend to deny. In many instances the want of suitable quarantine grounds, and the other necessary means of carrying into effect the principles of isolation and disinfection recognised as being essential to the success of such laws, has almost made failure a necessity, and brought the practice of quarantine into discredit.

Some philanthropic individuals oppose quarantine from the belief that many deaths occur there among passengers not sick when they arrive, and whose lives might be saved were they permitted to depart, but who contract the prevailing disease in consequence of the inhumanity of confining all, whether sick or well, in the same hospital, without that degree of classification or isolation that experience teaches to be essential to safety.

There is also a respectable and highly influential class of physicians and gentlemen who plant themselves on the broad ground of non-contagion in yellow fever and cholera, and therefore oppose all quarantine of persons. They, however, admit the necessity of throwing some protection around the community by favouring the fumigation and disinfection of vessels and cargoes when there has been much sickness upon the voyage or deaths from a specific and communicable disease. This class of physicians hold that the *materies morbi* or *fomites*, which are the cause of epidemics, and which are by many considered contagious, are purely atmospheric, and are carried in the confined air of ships, in merchandise, and through the open air, across the ocean and over a continent.

As a general rule, they leave out of view the important fact that there is a variable period of incubation in most infectious diseases which extends from a few hours to ten or fifteen days. Suppose we grant that the essential poison of a communicable disease is not organic, there is, nevertheless, an incubatory period in all such diseases, so that a passenger may leave an infected

ship apparently in perfect health, and may even have taken the precaution to have his clothing and trunks disinfected and fumigated, nevertheless the disease may be developed after having lain dormant in his system ten or twelve days, and thus, in some distant city or place, establish a new centre for the dispersion of the poison from which others coming within the sphere of its action may be affected, and the disease spread indefinitely.

Believing as we do that neither communicable yellow fever nor cholera has ever originated within the United States, and that the first cases in each of the epidemics which have prevailed in our country can be traced directly to infected emigrant ships, or to passengers, merchandise, or personal effects which have been brought from infected vessels or foreign ports, we therefore contend that if an efficient and uniform system of quarantine be established at every port in the United States through which passengers or foreign merchandise arrive, these diseases may be prevented from entering and spreading over our country.

With the improvements which modern chemistry and science have placed in the hands of the profession, we are enabled to facilitate commerce by a speedy and thorough disinfection of a vessel and cargo, without the delay of first unloading it. We believe that the period of detention of passengers at quarantine may be materially shortened, and its dangers greatly lessened, by establishing a proper system of inspection and classification of all persons landing from infected vessels or ports, into the "infected," the "suspected," and the "healthy," and maintaining a rigid non-intercourse between the several classes.

Uniformity in the system of quarantine to be observed at each of the ports of the United States demands that all the doors against portable and infectious diseases should be closed, and no one port have any commercial advantage over another, by a longer or shorter detention of vessels, cargoes, or passengers.

Quarantine should not be enforced upon vessels, cargoes, or passengers unless arriving from or having landed at an infected port within a shorter period than the prevalent contagion requires for its development, or upon whose passage a disease of a portable and infectious nature had prevailed.

The assertion that quarantine has never kept cholera out of any country or city is a gratuitous assumption. Numerous instances and facts exist in proof of the contrary, as has been shown in Spain, Greece, and Italy, and recently at New York, Quebec, and Halifax. But should the present notoriously inefficient system of quarantine, as practised at many of our ports, fail, it would militate nothing against the principle recommended, but only be a further proof of the inefficiency of quarantine as now conducted. We know, as does every person at all familiar with American quarantine, that there is not that perfect system

of inspection, sequestration, and isolation among the different classes of patients that humanity demands, and the nature of portable and infectious diseases requires for their complete arrest and annihilation.

The purpose of a quarantine, and the nature of the diseases met with there, make it obvious to a practical mind that every properly organized quarantine establishment requires to be located at a considerable distance from thickly-populated districts, and to have extensive grounds for anchorage, and separate and distinct hospital departments, so as to allow a proper classification of all persons arriving at a station. 1. A receiving and inspection. 2. A general hospital department for all cases of accident, and diseases other than those of a contagious character. 3. A hospital for infectious diseases. 4. A department for the suspected, in whom contagious disease may or may not be developed. 5. A department for the convalescent. 6. A department for those who are unaffected, and in the enjoyment of good health, but who for prudential reasons should be detained, after leaving an infected vessel, a time equal to the longest known incubatory period of the prevalent disease. As quarantine is most essential during the months from May to November, and not likely to be called for during the remainder of the year, it is not thought that it would be necessary for the Government to erect expensive warehouses and separate hospital departments at each of the quarantine stations. Temporary tents or tenements would answer. The Government has no doubt in its possession a vast number of army tents or barracks which would answer admirably at most of the stations. The essential conditions of an efficient quarantine are, a good wide anchorage-ground to the windward of the hospitals; warehouses for a class of goods which cannot be so speedily disinfected as to make it safe to land it with the rest of the cargo; and hospitals properly separated for the accommodation of patients according to their condition. If a principle of this kind, founded upon separation and non-intercourse of the departments, furnished with the most approved styles of water-closets and privies, were adopted at quarantine, the apprehensions and mortality from cholera would be greatly lessened. This principle of complete separation and sequestration of departments, with a space of a hundred or more feet between, and such subdivisions of department as circumstances and experience may suggest, would, no doubt, have the effect to arrest and successfully prevent the introduction of cholera.

There is, we grant, just cause to complain of a system of quarantine which would confine those affected with actual cholera—the suspected, the convalescent, and the healthy—all together in the same vessel or hospital. Indeed, it is no wonder

the plan practised in most of our ports, which is only a quarantine in name, should fail either to prevent the introduction or diffusion throughout the country of portable and infectious diseases.

The reason for putting the convalescent and healthy in separate departments is, lest the convalescent should by chance carry with them some trace of the disease, or relapse, and thus expose all those in a hitherto healthy quarter to the infection before the former could be removed. All well regulated hospitals throughout the country adopt the common-sense practice of keeping those afflicted with infectious diseases separate from the main building. What surgeon would not immediately remove an erysipelatous case from his surgical ward, or a typhoid or typhus fever case from among his other patients ?

Humanity, and the enlightenment of the age, demand that a principle in quarantine be adopted, that all passengers from an infected ship be landed for treatment, and separated into classes in accordance with their actual condition of health, and cared for in suitable and separate departments, attended by an efficient corps of physicians and servants, and furnished with all the comforts essential to their condition ; that they should have no communication with other departments ; and that between these departments there should be maintained absolute non-intercourse, either of patients, nurses, clerks, physicians, or others, except by telegraph.

The clothing and personal effects of a passenger, on entering quarantine, should undergo disinfection, by heat or otherwise, and all that is not absolutely needed for personal comfort should be forwarded to the convalescent or final quarantine department.

A very feasible plan of quarantine for cholera, with great minuteness of detail, has been submitted to the profession by Dr. W. Marsden, of Quebec. But if the Federal Government, or the different State authorities, with the aid and assistance of the General Government, adopt a uniform system of inspection and quarantine at all the ports where foreign commerce enters, on the theory of classifying the patients and keeping them in separate and isolated departments, and a speedy disinfection of the cargo, the details and mode of carrying the plan into operation had better be left to the judgment of the medical officer in charge, and to the exigencies that may arise at the different quarantine stations.

Dr. Copland, in his " Dictionary of Practical Medicine," lays down the following principles as essential to a proper and efficient quarantine of contagious diseases. " The sanitary division of the healthy into the susceptible and the non-susceptible, or those previously attacked, naturally dictates the classification of the sick into the decidedly infected, the suspected, and the

unsuspected. There should therefore be three distinct hospital establishments, viz.: 1. The foul lazaretto, for pronounced cases. 2. The lazaretto of observation, for those cases which may or may not turn out to be infected. 3. The free or clean hospital, for accidents or non-susceptible sick. All the attendants of the first and second establishments—medical, clerical, and others—should be kept, if possible, in quarantine.”

We would most earnestly recommend that all ships arriving with passengers on board among whom cholera or other foreign infectious diseases prevail, be required to land their passengers, to be treated in hospitals prepared for the purpose, and the vessel and cargo be turned over to proper officers to have her bilgewater removed, and to be disinfected and thoroughly fumigated and cleaned.

With the powerful disinfectants which the chemist has placed in the hands of the medical profession, capable of destroying all gaseous compounds as well as organic matter, we can see no reason why vessels and cargoes may not be disinfected within forty-eight hours after the passengers have been landed.

The effects of the steerage passengers, who are the most frequent sufferers, and the least able to sustain losses, either of baggage or time, ought to be thoroughly purified without material injury, and be subjected to the same detention, and no more, than that of other passengers.

Humanity, as well as propriety, suggests that the condition of all who are detained at quarantine be made as comfortable as circumstances will permit, and that they be made as secure against the hazard of contracting the prevailing infection while at quarantine as possible.

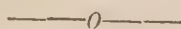
Those disposed to supply themselves with clothing, food, and other articles of personal comfort, not supplied by the regulations of the establishment, which should be ample, ought nevertheless to be permitted to do so, unless, in the opinion of the medical officer, the demand would be injurious to health or discipline.

If a system of quarantine, based upon the principles indicated in this article, be enforced with uniformity and efficiency at all the ports of the United States, we feel entirely confident that not only cholera, but all other foreign and infectious disease, will be excluded from our country. That such a system would be a great amelioration of the dangers and hardships experienced by passengers who are required to undergo quarantine under the present regulations, is self-evident.

The shipping interest, too, will be greatly benefited by the inauguration of the system suggested, which provides that all the passengers be landed and treated in hospital, and, instead of detaining the vessel and cargo for months, as at present practised,

they may be thoroughly disinfected within two or three days, after which they can safely be permitted to go into port and unload.

Washington, May 14, 1866.



HOLIDAY NOTES ON PARIS AND ITS HOSPITALS.

(Continued from page 484.)

ONE of the pleasantest hospitals in Paris, and prettily situated too, is the Hôpital des Enfants Malades, commonly known as that de l'Enfant Jesus, in the Rue de Sévres, close to the Institution des Jeunes Aveugles, in the Boulevard des Invalides. I had an introduction to M. Giraldés, who is one of the surgeons here, and through his courtesy saw a good deal of it. None but children or young people are admitted as patients, although in regard to out-patients, this is not strictly enforced. The gardens are very pretty—with nice shady trees, and swings, &c., for the children. The wards, too, are particularly nice, the children clean, contented, and happy. M. Giraldés is very fond of ophthalmic surgery, and he also speaks English, and is well known in London, to which he generally pays a visit in his holidays. I saw him operate for cataract. He showed me a case of hydatid of the liver in a little girl, aged seven, which had been punctured by him with a capillary trocar and canula, and bid fair to be a cure. This treatment, well established as successful in Australia, is slowly working its way to general approval, both in Paris and London.

At La Charité, which is just behind the Ecole des Beaux Arts, the veteran Velpeau still teaches and operates, without any sign of falling off, either in diagnostic skill or manipulative ability. I saw several cases of removal of the breast, or part of it, for cancerous tumours, which were doing very well. M. Velpeau is the apostle of the knife in carcinoma, and some of his results are extremely gratifying. I saw a fine specimen of enchondroma here, in a man's arm, near the elbow, of large size, but apparently developed in the connective tissue; it was not attached to the bones at all, but was freely movable. The wards here are too much like "wells," the windows being some four or five feet, or more in some wards, above the floor, much in the style of the Clapton Orphan Asylum, where last year typhoid fever was so rife. In Paris, at the time of my visit, there was hardly any fever about—a few scattered cases of small-pox, of measles, and scarlatina, with one or two cases of erysipelas and puerperal fever, were the sole representatives of zymotic diseases. I went two or three times to the Hôpital Notre Dame de Pitié, which

is situate close to the Jardin des Plantes. It is an old building, built around two squares, with a nice garden. The wards are well kept—everything looked clean and nice—but the beds are too close together. In M. Gallard's (medical) wards, I saw some good uterine cases, also many of phthisis, pneumonia, and other chest affections. The pneumonia cases were being treated by chlorate of potash and counter-irritation. A case of paraplegia, apparently due solely to masturbation, which was nearly well, by the use of strychnine and *moral* treatment, was rather interesting. Some cases of chorea were treated chiefly on the expectant system. An old shoemaker, who had lived rather hardly, and chiefly on salted provisions, furnished a typical case of purpura hæmorrhagica. I was much pleased with the manner in which the *post-mortems* were done here. Before the physician's visit, the inspection was made, and every viscus either removed, or arrangements made for its convenient display—all mess and disorder being removed before the visit. It would be tedious to make a detailed list of all the visits paid, or to describe all the Hospitals, but there are one or two more which call for special notice.

The Hôpital du Midi is world renowned as a school for the study of syphilis. It is now almost entirely devoted to male patients. Its construction and internal arrangements are very bad, but the executive and the staff make the best of it. The wide open space of the gardens of the Luxembourg doubtless operates as a ventilator to it. It is not confined to venereal cases, although chiefly for this. There were several cases of phagedænic chancre here, most of them placed in by-wards, of which this Hospital has a good many. Here, amongst other things, I saw an amputation of the fore-arm through the elbow-joint, which I mention here because I saw several other cases, done through joints, thus avoiding all use of the saw, and I am bound to say, that they healed very nicely, and made capital stumps. The French surgeons think that the risks of pyæmia are thus lessened. It seems usual to wash the flaps with alcohol (about equal in strength to our spirits of wine); this is thought to favour the arrest of hæmorrhage, to avoid purulent absorption, &c. With this view, many French surgeons, amongst them M. Richard, at the Hôpital Beaujon, use coal-tar water dressings and lotions of carbolic acid. The Hôpital de Lourcine, which is in a rather out-of-the-way quarter of Paris, in the Rue Julienne, on the right of the Rue Pascal, almost close to the Military Hospital Val de Grâce, is the great hospital for female syphilitic cases, and so gets a popular nickname of "Hôpital de Cocodettes." To visit it, there must, as I observed before, be a special permission. I attended only the practice of M. Déprés, who is an enthusiastic student of syphilis. The women

are seen in a private room at one end of a long ward. There is a high couch, which is supplied with foot-rests, which the patient mounts, and the lithotomy position is assumed by her. A thorough examination of each case is made, first externally, and then with the bivalve speculum of Ricord. This style of examination and form of couch is also generally adopted in Paris for uterine diseases not syphilitic. Whilst fully admitting its utility in venereal cases, and its convenience to the operator in all, I yet think the *lateral* position (usual obstetric attitude) much preferable, on the score of delicacy in cases not syphilitic. It seems the invariable practice in Paris, after introducing the uterine speculum, with the greatest diameter vertical (it is the elliptical bivalve of Ricord), to rotate it partially till the greater diameter is horizontal. I have no doubt much may be said in favour of this, but at the same time it is certainly very painful in those cases where there is any amount of vaginitis, and where the object is merely to see the os and cervix uteri. I cannot believe that it is at all essential.

Chloride of zinc in solution is very much used here, especially in *plâts meuqueuses* (condylomata), and erosions. Mercury is much less used here than at the Midi, but at both the bichloride is the favourite form, and it is rarely proceeded with farther than very slight salivation.

The iodide of potassium is of great request for the sequelæ of syphilis, and also combined with iodide of mercury. Calomel and blue pill, and inunction are hardly ever used, and the vapour bath less than formerly. There is a monthly inspection of licensees at this hospital. It seemed to me that the majority of cases here were mild, and so were those at the Midi, even the sloughing forms. So far, no doubt the system of supervision of prostitution, and facilities for treatment have worked well. The Maternité is close to the Midi; it is a rather poor building. I am sorry to say I left seeing this till late, and then had not time to see the practice. Those who have time should visit the Bicêtre, the Military Hospital, the Salpêtrière, the Deaf and Dumb Asylums, the Hôpital St. Antoine, Blind Asylums, Foundling Hospital (Hôpital des Enfants Trouvés), and other institutions of the kind; but whatever they do *not* see, no medical man should leave Paris without seeing the Hôpital Lariboissière, which is near the Railway Station du Nord. This is the best constructed and handsomest hospital in Paris, and derives its name from a Countess, who left a large sum of money for its completion. It is built on the pavilion system, is two stories high, and a balcony runs all round on the first floor, facing the inside of the square, formed by the arrangement of the pavilions, beneath which are corridors. The wards are lofty, well-ventilated, and cheerful looking, and all painted, both

walls and ceilings. Most of the wards had flowers in pots in them. There is a good operating theatre here. M. Verneuil gave a clinical on an interesting case he had just had, of a toy scale pan of tin, which was (half) swallowed by a little girl three and a half years old, and which threatened suffocation by the irritation set up, although its vertical position in the pharynx allowed of some air entering the wind-pipe. Being hardly within reach of the finger, and the little creature much frightened, he had much difficulty in removing it. (It was of very thin tin-plate). He tried various œsophagus forceps, but all these required the mouth to be too much open; tried the lithotrite which would not hold; thought of the *écraseur*, but was at last successful by using a pair of *vulsellum* forceps, such as are used for piles or uterine polypi (called by him Von Gräfe's, but much like McClintock's). The little creature was also the subject of dislocation of the left femur, from *morlus coxarius*, of some months' standing. A new socket had already partially formed, with some ankylosis. Here I purpose to pause in mentioning individual hospitals, and to make a few general remarks on what I saw of French medicine and surgery.

The English visitor is at first somewhat amused to see that a fashion prevalent in London a good many years ago still prevails in Paris. The surgeons, and those pupils who are dressers, put on large aprons with big pockets, which give them a rather comical appearance. I presume the chief reason for retaining these, is the quantity of ointment and charpie (scraped lint) still used in French surgery. The lessons of Ambrose Paré still appear lost on his countrymen, and the British surgeon who visits many of the French hospitals is amazed at the complicated dressings and the amount of *coddling* which the most simple wounds often receive. First, salve spread on perforated linen, then charpie, and then bandages, for what in England would receive just a bit of wet lint. I saw in Paris a simple fracture of the internal malleolus, or rather, of just the tip of it, treated as follows:—Three-thick many-tailed bandages, the last of them dipped in gum or starch, then enormous pads, and two splints rolled up in a long piece of linen, then straps over that, and a band for the foot. All this with the thermometer at 80°—90° in shade. The stump of a finger, whose tip was removed for gangrene, had bandages, &c., put on till it was as large as an arm. But this tendency to complexity, and a certain clumsiness of dressing is seen in the treatment of fractures. I saw a man with a fracture of the clavicle near the acromial end, lying in bed, with his head quite high, and having on an apparatus with numerous straps, pads, and buckles, so complicated as to require a long time to learn, and a callus as large as you like, with union at a considerably acute angle. Those who are conversant

with French obstetric instruments will recognise the same sort of heaviness and complexity. But in some small inventions, as in tonsil guillotines, the French makers are almost unrivalled. I must here make some honourable exceptions. I saw some cases of amputation where the stumps were treated with a simplicity which would have delighted Dr. Humphreys, of Cambridge. French surgeons seem much more timid in the use of chloroform than ours; and, as is often the case, timidity induces awkwardness, and it appeared to me, an element of danger. It is usually given on charpie, placed in a piece of lint or rag, but this is often stuffed so close into the patient's face, and covers his mouth and nose so completely, that hardly any air gets in, he begins to get rather blue, and then the staff take alarm, and he gets no more chloroform, but bears the operation as well as he can. After this little fault-finding, which is at least dictated by no unfriendly feeling, it seems to me that this is the place to recognise the great interest which the hospital staff take in their patients, and also in their students. Their manner to both was exceedingly friendly and kind, and it is evident that their heart is in their work. Their diagnosis is painstaking, careful, and I should think, generally correct. Their therapeutics are simple, and in surgery they are fertile in expedients.

There are many American and German students of medicine in Paris, and a few English. A casual visitor gets the impression, which may perhaps be erroneous, that the bulk of the French students are derived from a class a little lower in social position than ours in England. However, the majority seemed enthusiastic in their studies, and the physicians had larger classes than ours in England usually secure.

It looked rather odd to see the dressers in the surgeon's wards, wearing the medals they had obtained for diligence in their studies, of which I saw several instances.

In the medical wards the stethoscope is very little used, the ear being more often applied to the chest, covered with a towel or the patient's dress. One lesson the most casual observer can hardly fail to draw is, that erysipelas, phlegmonous inflammation, and other severe diseases, get well here, with much less stuffing and stimulation than in England. It was rare to find a patient who had any stronger liquor than Bordeaux wine, and more were on potages than on solid diet. If anything, the patients are, perhaps, a little underfed. At least, there was a pretty general cry for more to eat. All the hospitals have the same diet scale. The patients' names, diseases, diet, and medicines, &c., are written in books for the purpose, one or two copies of which are made, and carried round to the bedsides, the alterations being made at each visit if required. French surgeons have to sign this book, and also the students' attend-

ance, and all admissions and discharges every day. At the conclusion of the visit, they generally give "gratuitous consultations" when any very urgent cases are admitted—but slighter ones are prescribed for, and if they seek admission to the hospital, they must apply to one of the Bureaux, where, if certified as suitable, they get an order of admission, not necessarily to the same hospital as the one to which they first applied. One prejudice (which English people naturally acquire, I suppose from the want of soap, and the tiny jugs of water one gets at continental hotels), namely, that foreigners are "dirty people," I was forced to abandon, by my hospital experiences—for certainly the inmates of hospitals, and (a better test perhaps), the out-patients, are quite as clean, or cleaner, than the majority of one's own countrymen. And the Seine at Paris swarms with baths, for both sexes—with plenty of water, and good wooden bottoms—besides which, there are innumerable baths of all kinds, in hotels and bathing establishments. And if water is scantily furnished in the hotels, one gets a very liberal allowance of clean towels.

Paris abounds with the means of scientific instruction; gratuitous lectures on every art and science almost, are given there at the national expense. And the numerous book-stalls on the left hand of the Seine, and the book-shops in the student's quarter of the Palais Royal, on the Boulevards, &c., must make it quite a Paradise for book-worms—as the wonderful toy shops, beautiful gardens, and out-door games and sights of all kinds, make it a Paradise for little folks. The immoralities of Paris, and the darker shades of its social life, furnish sad, yet interesting studies to the moralist, and to the medical philanthropist. Yet, one thing may be said of Paris, which, I fear, is not true of any town in our own country, and that is, that up to 11 o'clock at night, or even later, ladies may pass through all the principal streets and Boulevards, and be free from either insult or annoyance.

To prolong these notes would unnecessarily encroach on the space kindly afforded me by the editor. And I therefore hasten to a conclusion, merely pausing to remark, that the museums in the Jardin des Plantes, and those of the Ecole de Médecine are well worth visiting, but of all the pathological collections I have ever seen, the Musée Dupuytren, in the Rue de l'Ecole de Médecine, is, for its size, the best arranged, and the most interesting. There is a very good collection of fractures and dislocations, gun-shot and sabre-wounds of the skull—specimens of rickets, hydrocephalus and mollities ossium—including the skeleton of the celebrated Madame Supiot (a likeness of her, will be seen in Miller's Surgery), a rich collection of tumours, cancerous, tubercular, &c., a number of vesical, renal, and intestinal calculi

—a good collection of monsters—including Hermaphrodites, supernumerary digits, and of Cyclops, double and two-horned uteri, double uterus, with separate vaginæ; a good collection of mammary tumours, and amongst odd “foreign bodies removed from human bodies,” an entire tumbler-glass, removed from the rectum, and a silver piece (five francs I think), larger than a crown, which had lodged in the pharynx, and ultimately caused death, through ulceration, producing fatal hæmorrhage. These are some of its treasures.

These notes neither aim at completeness nor do they profess to set forth the present state of French medicine or surgery, which would be too presumptuous in a casual visitor. They are simply meant to draw the attention of students and general practitioners to the advantages which may accrue from a visit to the sister-capital. I venture to say, that those who give a passing glance to the Parisian hospitals, whilst they may feel proud of our own schools of learning will yet gladly own that much may be learnt from our lively and polite neighbours on the other side of the channel.

W. B. W.

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ON THE PRESERVATION OF HEALTH.

By THOMAS INMAN, M.D. LOND., &c.

I ONCE examined a gentleman for an insurance company, who told me that he had made up his mind not to die until he was an hundred years old; but, unfortunately, as he had an affection of the heart, he could not persuade the office to believe him. On another occasion a clergyman spelling out my profession, accosted me in a railway carriage when I was returning from a visit to the great man of the neighbourhood, propounded the opinion, that every one might live to an indefinite period if he only knew how, and he wanted to worm out from me the secret of the elixir vitæ. There is also an old “saw” to the effect, that “man thinks each man mortal save himself.”

These may suffice to show that there is within us all a wish to live as long as we can, and to that end we make for ourselves a code of laws to which we adhere. Some of these laws seem bizarre, yet they are not adopted without thought and observation; the mischief about them is, that the observation on which they are founded is insufficient and the deductions illogical.

One man thinks he sees in civilisation the main cause of premature decay, and for himself and his children he imitates the wild beast, and goes as bare of clothing as the laws of the land will let him. Another thinks that as the lion, the

lamb, and the elephant eat their meals uncooked, so we, if we wish to emulate their strength, gentleness, and longevity, must eschew roast beef and boiled potatoes. Another, hearing of some wonderful old carp living in a certain pond, thinks that water is wonderfully conducive to the conservation of life, drinks assiduously of water, and sluices himself with the same element at every opportunity. Another, in his or her young days has read that "early to bed and early to rise, makes a man healthy and wealthy and wise," so he buys an alarum to awake himself on every raw cold day in winter, and sits for hours shivering in a cold room, trying to keep warm by thinking of last night's fire. Another has heard that one of the things which bring men to a premature grave, is good living and laziness, so he takes no end of exercise, and prides himself upon never indulging his appetite. One hears that suppers are steps to eternity, and as he wants to stick to time, he avoids them as he would the gentleman with a tail.

It would weary the reader if I were to tell him all the absurdities believed firmly in, by men of sense, simply from habits of careless thought. It is assumed as a fact that civilisation shortens life, but no care is made to test the truth of the statement. The reverse is the case. The savage is very rarely, if ever, long lived. He becomes prematurely old and looks a hundred when he is but sixty. Let any one pass through, what is called, primitive Switzerland and mark its natives, and then say whether hard toil, poor food, and lots of fresh air, necessarily bring health and perpetual youth. There, he will see scarcely a step from youth to age, from age to decrepitude. The lovely virgin of to-day, is the wrinkled hag two years after marriage, and the voice of joy and health combined, is rarely heard save on an occasional fête day.

The Arabs are pointed at as mirrors of longevity, but when the authority is asked for, it is found in the Bible, whose older authors exaggerated to the full as much as does a modern Irishman, and who say a hundred when they mean a dozen.

The sailors in Greenwich, and the soldiers at Chelsea Hospitals are pointed at, to show that campaigning in various climates is eminently healthy, and that seamanship ought to be a first-rate medicine; but few consider that both the one and the other consist of men picked out from their fellows for their healthiness, and that a vast number succumb under their privations long ere they arrive at fifty. The men are long lived because they have had, so to speak, iron constitutions, not because they have led a certain life.

The frequency with which cause and effect are mistaken is extraordinary. In common life nothing is more common than for a man or woman to say to some ailing friend, "Do as I do

and you will be as I am. I eat a whole loaf of bread to my breakfast, work incessantly till dinner-time, some nine hours afterwards, I then polish off a pound or two of steak, heaps of potatoes and flagons of water, and then I get through a good night's work at something else, why do you go on at the miserable rate you do, eating barely enough to keep yourself alive?" and much more of the same kind.

The same man, perchance, has a son, and he is probably a great admirer of Mr. Gladstone's talents. His son shall, he thinks, rival that statesman, so he is sent to the same school and to the same college in the same university. He eats the same kind of food, drinks the same kind of beverage, works with the same assiduity, and yet in the end he is probably plain Mr. Bookworm instead of a brilliant orator. The indignant father complains of his son's stupidity, and reproaches the lad for what is no fault of his, and to blow off steam confides his troubles to a friend. When the latter succeeds in gaining attention, he would probably speak thus:—"I say, old fellow, did you ever go to a horse fair?" "Yes." "And you saw lots of horses?" "Yes." "Was there any difference between one and another." "Of course." "Well, now, if you wanted a dray horse would you have bought a racer; or if you wished for an useful hack, would you select a cart-horse?" "Certainly I would not be so big a fool." "Why not, you know you may train the hunter to draw a cart, and the dray horse to gallop. I dare say if you chose to feed your nice roadster on oil-cake, you could get him to rival in bulk one of Barclay's pets!" "What bosh," would be the indignant response. "Now, my friend," would the astute conversationalist rejoin; "let us take in place of the horse-fair the exchange or the ball-room, and talk of men and women instead of geldings and fillies. You see yon man with broad shoulders, large bones, sturdy limbs, an eye like Jove's to threaten and command, a stature a trifle above the median height, and a beard and complexion the envy of his fellows. He can hunt and fish, boat and walk, dance and drink, and all with equal enjoyment. You see in him the *beau ideal* of a chieftain, and when you want a brave companion for a walk through a garotting region, he is the one you would select. Turn your eye now upon the man beside him. His stature is medium, but his shoulders fall forward, and are as narrow as the others are broad. The first has a head which looks small; this has one proportionally great; his chest is chicken-breasted, his hair thin and silky, his complexion pallid, his bones small. You feel that a blow of your own arm would almost kill him. Now could you by any course of training make the second equal to the first? Let me take you now to the ball-room, and be your mentor for a while. You see that lady, we say nothing of

her beauty—she dances with spirit, chats with vivacity, does not pant after a waltz, enjoys her negus or her ice, and rejoices in her supper. She is the sister to the first man we lately saw, and there and there and there you may see her relatives. There are lots of them, for none have died. The family are noted for health, vivacity, and endurance. None are sluggards; they are up early and go through no end of visiting in the season. The doctor tells me he might starve if all his patients resembled them. Now look again at that beauty. Did you ever see a complexion more lovely, teeth more clear, hair more glossy and luxuriant, a bust so charming, and a carriage more graceful? But note the languor of the movements, the carelessness with which she plays with negus, or allows an ice to become warm. Dance with her and note how she pants after a lively measure, and adjourn to the supper-room with her, and try to induce her to take a chicken's wing. If you will ask her, and she is disposed to be confidential, she will tell you that she likes, perhaps adores, dancing, but that she pays for it afterwards, lying awake all night with cramps, or racked with spasms. Her parents have one or both died of consumption, and she has already lost two or three brothers and sisters with the same disease. Some one has induced her to emulate her neighbours to ride, boat, walk, dance, and garden, as they do, but she has given it up." "And no wonder," is the answer. "Just so," the observant friend replies; "you are now, I hope, convinced that there is a difference amongst human beings as there is amongst horses. Breed will do much to improve the race, and training will do much to improve the individual, but you can no more convert a born fool into an orator, than you can make a cow a good hack, a dray horse a good hunter, or turn a sow's ear into a silk purse. You are perhaps a sportsman, and may have trained dogs. Let me ask you would you try to convert a harrier into a staghound, or use a mastiff for a pointer? Certainly not; nor would you bait a bull with a French poodle. If you have an ingenious friend you would rather give him a pretty terrier to teach, than a bloodhound; but if you wished to ride secure amongst a lot of turbulents, you would prefer the latter to the former."

Here we may drop the conversation which we introduced to show the good sense used by men respecting horses and dogs, and resume, that as it is with them, so it is with us; some of us are from breeding fitted mainly for intellectual work, and to perform our duties well and satisfactorily to ourselves and others, we require as much care in training and living as do the hunter and the spaniel. Others are by nature fitted for toil—like human cart horses, they are heavy and lumbering, yet strong; they can do with lots of food in their stomach, but care little for intellectual dainties.

If each of these are in their own place, good and well ; but if the man fitted only for sedentary employment, is obliged to work like one of Perkins's gigantic team, is it wonderful if he break down ? And if Ager, who would have been first rate, as Agricola or Ajax, is stuck to a lawyer's desk, is it not likely that he, too, will feel out of place ?

Again, if the overwrought son of toil find himself break down, will not the same consideration apply to him, as would apply to a hackney "screw" on its last legs ? The last you may coddle or shoot—the first you must coddle if you can.

Once, in days gone by, I heard two observations which stuck to me like wax. The first was from an intelligent milliner, and ran thus:—"My father told me never to kill myself to keep myself, and I am an obedient daughter." The second was from a banker's clerk, dying of consumption. My recommendation was urgent that he should knock off work. His reply was, "Well doctor, the choice is between work and workhouse ; if I leave the first, it is for life in the second, and I prefer work and death to pauperism and life." Unfortunately, there are too many of this class in the world, and it is amongst them that the question of the preservation of health is most important.

As a rule, it is easier to keep what we have got, than to replace what we have lost. Hence, what is called *prophylaxis* by the learned, and by the unlearned, the art of keeping health when you have got it, is always taught in medicine. Though taught, however, it has hitherto been taught much as a blind lecturer might discourse on colour to eyeless auditors. I can remember hearing, when I was a boy, that a spring emetic, an autumnal bleeding, a weekly purging, and, in May, abundant draughts of nettle-beer, were necessary to preserve health. I was physicked daily for the same purpose, till I was sick with it, and giving the visitor a return-ticket sent him back as he came. I was punished for years, with a morning plunge-bath when very little, and a sponging when I was bigger—had to drink salt water in the Summer, as well as to bathe in it, and all for the good of my health, which never was bad. Later on I have listened to tirades about diet, feeding-time, bed-time, exercise, and a host of other things, in which the speakers have invariably started from the belief, that all men and women were alike in constitution, vigour and vitality, and that whatever suited best to the advice giver, must be the very best thing possible for the recipient of that advice.

Don't eat figs, says one, for they will give you the cholera, and don't eat lobsters says another, for they will give you nettle-rash. Pork is first-rate, and veal particularly digestible, says one, it is poison says another, each speaking his own experience.

It is the business of the doctor to accumulate the experience of many and apply it to one, and this he cannot do, so long as he believes all to be alike. It is the business of the patient, whether he be his own physician or applies to a regular M.D., to ascertain, not so much what suits another, but what suits himself. The result of any particular plan of action as regards himself, must be thought more of than what that plan would do for other people, and the study of "number one," will be more important than observation on other numerals.

Our advice then to any individuals who wish to study the preservation of their own or their childrens' health, is to take an individual, rather than a collective standard for a test of success, that individual being the one treated. I hope, in future essays, to point out the subjects for consideration and the points to be noted, and to assist any one in the art of making observations and drawing conclusions.

This Essay I will conclude by a Professional story. After visiting Mrs. C. repeatedly for a medical friend, I became, in consequence of his leaving town, her regular physician. Her husband was a stirring man, and she did her best to be a very active housewife and mother; yet she was always ailing, and often laid up entirely by painful boils in the arm-pits. After striving many years to attain the ideal standard she had placed before herself for copying, she succumbed to my oft repeated persuasions, and agreed to lie in bed for an extra hour every morning, and to have daily a half hour's rest on the sofa after dinner. Some year or two elapsed ere she had occasion to consult me and not then about herself. After congratulating her upon her good looks, and long absence of illness, she answered me, "Do you know Doctor, that I have come to look upon it, as a curse to my comfort, that I ever knew Mrs. Busy. She has a large family, and is indefatigable in her household matters, and never had an illness; she has always been a personal friend of mine, and when I married, I made her my model, hoping in time to equal her in health, by imitating her activity. Yet I never was well after I began the system, and I, probably, never should have been, had I persisted in it. Since I adopted your plan, I have had more comfort and far better health than I ever had before, and moreover, I find, that having more strength for what I have to do I can get through more than when I had less vigour and took more time." Possibly, some doctor's wife may read this; if she or any other overworked woman do, let them remember that a fresh horse has more "go" in him than a tired one, and that roses may be cultivated in beds.

(To be continued monthly.)

Remarks on the Oil of Yellow Sandal Wood in the Treatment of Gonorrhœa, with cases. By H. SAMUEL PURDON, M.D., Physician Belfast Dispensary for Diseases of the Skin and Chest, Assistant-Physician Belfast Charitable Infirmary, Medical Attendant Female Provident Home, &c.

HAVING for some time used the oil of yellow sandal wood in the treatment of gonorrhœa, I take the liberty of laying the following observations before the profession.

We are indebted to Dr. Thomas Henderson, of Glasgow, for introducing to our notice during the summer of last year this oil, at present used extensively as a perfume. This oil is obtained by distillation from the wood of the tree *Sirium myrtifolium*, a native of the East Indies, "one pound of the wood, yielding about two drachms of oil." The dose being ten to thirty drops diluted with rectified spirit, but as it is liable to sicken when thus administered, I now combine it with various other remedies as hereafter mentioned.

I have now tried this remedy rather extensively in private practice, as its price renders it too expensive for either hospital or dispensary use. The following facts differ slightly from Dr. Henderson's conclusions:

"Dr. Henderson states that the oil of yellow sandal wood acts as a stomachic medicine, occasioning little nausea."

"Has slightly any smell."

In many cases I have had to discontinue its use, on account of the nausea it occasioned.

The odour of this oil is extremely powerful remaining on the breath, hands, &c., even after being frequently washed. It is also evident in the urine, and in one case I remarked a sickening odour emanating from the penis, and which was very annoying to the patient.

The above are the only objections I know of, and when we take into consideration the rapidity with which it cures, as contrasted with either cubebs or copaiba, it may be looked on in the light of a specific, but I think it right to mention that I know of two cases when its use certainly aggravated the disease. This oil of yellow sandal wood may be used in any stage of gonorrhœa, and the following are the formulæ that I usually employ.

No. I.

R. Olei Santal : flav : ʒiij
 Ess : Cinnamomi ʒj
 Spt : Rect : ad ʒij M.

Sig. "A teaspoonful three times a day in a wineglassful of water, after food."

In some cases the compound spirit of lavender occasions the oil to agree better with the patient. Bearing in mind the maxim that "union is strength," it occurred to me that by adding oil of savin, copaiba, &c., a mixture might be obtained, which would without doubt be a "specific" and the following I have often used with the best results.

No. II.

R. Olei Santal : flav : ʒj
 „ Sabinæ ʒj
 „ Cubebæ ʒss
 „ Copiabæ ʒj
 Ess : Cinamomi ʒj
 Spt : Rectf : ad ʒvj M.

Dose the same as the preceding.

This is a very powerful mixture and usually cures in a few days. In cases where copaiba has failed the oil of yellow sandal wood frequently acts "like a charm," and I very seldom use injections in any case of gonorrhœa. This oil is also useful in gleet and we may often hasten the cure by administering at the same time ergot of rye. I have tried this oil in chronic bronchitis accompanied by profuse expectoration, but without any good results.

CASES.

No. I.—J. H. C., æt. twenty-six, consulted me in September, 1865, for a gleet of three years' duration, and for which he had been taking various remedies. Considering this a good opportunity for trying the oil of sandal wood, I ordered him the mixture No. 1. Coffee and spirits were forbidden. The dose of oil was gradually increased, its use being only omitted once, owing to a slight dyspeptic attack. At the end of eight weeks this patient was completely cured.

II.—J. M., consulted me in December, 1865, for a gonorrhœa which had existed five days, I ordered him the mixture No. 2, under the use of which every symptom disappeared at the end of four days.

III.—J. E., æt. twenty-one, of a cold lymphatic temperament, consulted me November, 1865, for a gonorrhœa of about one

week's duration, being the third he has had; he has always experienced considerable difficulty in getting cured. I ordered him mixture No. 1, with an injection of a strong infusion of green tea twice a day. At the end of the week being no better, mixture No. 2 was, ordered, but as the patient did not like it, returned to No. 1, under the use of which the disease disappeared.

IV.—H. J., æt. twenty-four, of a strong and healthy appearance, but as I subsequently learned of very dissolute habits, consulted me March, 1866, for a virulent gonorrhœa, for which he had been taking copaiba capsules. I put him at once on mixture No. 2 and had him cured in a fortnight.

V.—E. W., æt. eighteen, consulted me also in March, 1866, for a first gonorrhœa, which only appeared two days previously. As he was rather frightened he promised to abstain from spirits, &c. Ordered mixture No. 1, under which he was cured in seven days.

The above cases have been selected from a few others in which the same treatment was pursued. I have no theory to offer on the mode by which this oil cures, but leave the facts to speak for themselves.

REVIEWS AND NOTICES OF BOOKS.

On Epidemic Diarrhœa and Cholera; their Nature and Treatment. By GEORGE JOHNSON M.D., Lond., Professor of Medicine in King's College. Robert Hardwicke, Piccadilly. Pp. 32, 1866.

This pamphlet consists of a well written review of Dr. Johnson's "Notes on Cholera," copied from the *Saturday Review*, and a succinct account of the author's plan of treatment. We read the first part when it appeared, and thought at the time, that the writer had a rare power of analysis, and a wonderful charm of style. We are glad to see the article reprinted, and we congratulate the accomplished medical professor, on having found so worthy an ally. As regards, however, the theory advanced, and the results deduced from it, a great deal may be said on both sides. Let us briefly point out a few prominent *pros* and *cons*. Dr. Johnson's views are based entirely upon the idea that cholera is the result of a poison, that the symptoms produced arise from "Nature" trying to eject it. He reasons that as the ejecta will give rise to the disease in others, and consequently contain some of the virus, it follows that the purging and vomiting which discharge them are salutary vital efforts to effect a cure; that, being advantageous to the patient, they are to be encouraged, and if not present, naturally, are to be brought about.

But the intention of the Doctor is not so much, we conceive, to increase the intestinal secretion, as to assist in its removal from the bowel. The castor oil is intended to operate as a sort of sponge, driving before it all the material the intestinal tube contains.

To relieve the bowels from "foul secretions," has been too long a favourite practice with physicians, for them now to quarrel with the notion when applied to cholera. Even poor common folk have the proverb, that an empty house is better than a bad tenant, and for ourselves, we would certainly rather see a huge lot of our bile in a bason or 'chamber,' than feel it in our inside, and know that it ought to come out. So far then we think that the majority of thoughtful minds would agree with Dr. Johnson. They do not expect that the rice water stools, &c., will be re-absorbed into the system, and make good blood, and they do believe that the slush must come out, but there, most probably, their agreement would end. They would remove the foul secretions, if necessary, and

when judicious. The objection they think to Dr. Johnson's place is, that the means adopted to remove these secretions is calculated to increase their quantity, as castor oil or any other aperient only operate by stimulating the mucous membrane to form an increased amount of mucus of a more irritating quality than usual.

The question is not, however, whether it is right, in general, to promote the evacuation of peccant humours from the bowel, but whether it is right to imitate the effect a poison produces on the system, and so run the risk of intensifying the danger present.

We dissent wholly from the doctrine of elimination which the Doctor propounds; we do not believe that the effect of a poison can logically be considered a spontaneous act of nature to get rid of it,—*e.g.*, arsenic is a known poison, it produces purging and vomiting, yet no one would give ipecacuan or aloes to encourage the one or promote the other by way of cure.

Opium produces stupor, and if the patient live long enough, he will sleep it all off, just as a drunkard does his gin, but none would call that sleep a salutary effort of nature.

None would be sorry to see corrosive sublimate ejected from the stomach ere it reached any other part, but where it permeated the system, none would treat the case with aperients, &c.

We do not believe in the homœopathic treatment of diseases of poison origin, any more than we do in complaints in general.

In fever, small-pox, measles, hooping-cough *et hoc genus omne*, we endeavour to keep the patient alive by counteracting, so far as we can, the prejudicial effects of the disease. If there is diarrhœa and tympanitis we check them, we keep patients cool so as not to increase the variolous eruption, we give opiates to relieve the cough of pertussis, and attempt to soothe the distressing coryza, &c., of rubeola. If an overdose of arsenic has been taken, we try to diminish the inflammation it produces, by laudanum, and to check vomiting by ice.

As a rule, the logical treatment of poisons imbibed, is to enable the individual to bear them, not to aggravate their effects. In every epidemic the weakly are most likely to succumb, the strong are most likely to escape; art may put the first into the second category and accident place the last in the first. If the epidemic have a tendency to affect any particular organ; those in whom that organ is weak, will be more liable to be affected, than those in whom that part is strong. When vitality and poison are face to face, as combatants, there is a time, in many cases, in which a feather (so to speak) will turn the scale of life or death. If art can succour vitality the effects of the poison may then be counteracted, while on the other hand if the

effects of the poison be intensified life may give way, we fear aperients accordingly.

We conceive that the difference between Dr. Johnson and many in the profession lies in this particular point. There is an epidemic, which we presume is present amongst us everywhere; one of whose chief manifestations or effects is purging, when that is present, and so long as it exists, so long do we believe that the patient's vitality (*i.e.* the natural processes of life) has been overcome by the poison; acting on this belief, we give medicines essentially antidotal, *i.e.*, drugs which have a contrary effect on the bowels to that which the disease exerts. Dr. Johnson reading the phenomenon of purging as a salutary effort of vitality, and not as the effect of a poison, encourages the elimination which he thinks the "vis medicatrix" has begun.

It is clear that both these views cannot be right. Experience alone can, in the last resort, decide which is most consonant with "nature." But as experience may come too late, the physician naturally, throws out his net widely for facts, which will enable him to decide towards which practice he shall incline. He finds as a general rule that diarrhœa precedes cholera, sometimes for days, and he concludes that if purging would ward it off, those who are the most scourged, should have the greatest immunity, but he sees that diarrhœa seems to invite the disease, therefore he will not purge and so encourage it. He then tries the other tack and seeks to check diarrhœa, and if he succeed, he considers that he may have warded off an attack. This is what many, if not most of the profession have done, each for himself, and as a result astringents are more trusted to than are aperients.

But there is one thing particularly remarkable in the history of cholera controversies, viz., that experience differs in different localities to an extent not yet explicable. We ourselves have been told by men with considerable practical experience in previous epidemics, that they have seen the happiest results from calomel, and the most disastrous ones from castor oil in cholera; while, in another place, and by other observers, the last is lauded and the first declared useless.

There is another point to which we would call attention as exhibiting the looseness of thought and reasoning current amongst our ablest men.

When any one dies of the effect of a poison, it is assumed that he dies from the effects produced by the poison on one or more organs. *E.g.*—We say a man dies of *fever*—but he does not—he dies from that—whatever it may be—which produces the fever. A man in small-pox does not die of the eruption, but from that cause which produces it,—and when anyone dies of cholera, he does not die of purging, but of that which produces

it. The poison is in the system long before the bowels are affected—it may indeed not affect them at all. It is then the poison, not the purging, which we have to combat. The poison is in the system whether the patient have diarrhoea or no, and the poison operates *more suo* until it has followed its course to the end or the patient has succumbed. The virus is no more discharged in the evacuations than the cobra poison is discharged by the victim of the serpent, in the swelling that follows its bite, or the poison of glanders in farcinomatous pustules. The poison of gonorrhoea remains in the urethra for many days, although the secretion it has produced may have infected numbers. The commonality believe, that if a man gives a virgin the venereal disease, he loses it himself! Dr. Johnson believes that if a cholera stool will give the disease to a man who has never had it, the first man who passed it must have so much the less left in him. To put it in more homely guise, he seems to argue, that if a friend allows another to light a cigar from that he is smoking, will “put his own pipe out.”

If a person dies from epidemic cholera we believe that he dies from the poison, not from the purging, collapse, or fever which it produces, and we see with regret that Dr. Johnson is constantly twitting those who disagree with him about their belief that the collapse arises from the purging and not from the poison. If he would be as tolerant of the opinions of other people, as he expects all to be of his own views, he would be able to see more clearly the points at issue between him and them.

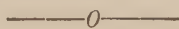
Practitioners do not give astringents to check purging and so prevent collapse, but they see the presence of a disease apparently of poison origin, the nature of that miasm or virus they do not know, and thus they cannot administer an antidote, but they see its effects and know their severity duration and course. As they cannot administer any chemical specific which will neutralize the poison, they try to counteract its effects, on the same principle that they try to counteract the soporific influence of opium by preventing sleep. The dose taken may have been too large for success to follow the treatment, but no one because of failures would have *recourse* on another occasion to encouraging the effects of the *drug*.

The broad differences which we have thus stated between the energetic and learned Physician of King's College Hospital and ourselves, preclude us from discussing in detail his selection of castor oil as an aperient; all that we can say respecting it is, that he seems to have chosen the one which can do the least harm. The oil is not, however, always “kindly” in its operation, and the most intensely painful attack of cystitis and inflammation of the rectum we ever witnessed, was the result of

a dose of castor oil, taken by an elderly lady to cure choleraic diarrhœa !

Though not entering into detail about purgatives, we should like to say a few words upon diarrhœa. This affection is the result of an altered secretion of the intestinal mucous membrane (speaking generally). That secretion is thinner and more acrid than the ordinary mucus, and it more readily comes into contact with the intestinal surface than does the ordinary fluid in the bowels. Its presence in the gut (like the leucorrhœal discharge in the vagina, and the pus in the gonorrhœal urethra) keeps up the irritation. There are then two indications for treatment—one to get rid, if possible, of the irritant ; the other to enable the bowel to bear it. To get rid of one irritant by another, is false philosophy. We cannot well remove it mechanically ; the physician therefore elects the second alternative, and tries to enable his patient to bear the irritant until some new thick and healthy mucus intervenes between it and the gut. Hence, the philosophy of opiates. This is the reason why they are preferred to irritants when cholera threatens (we presume that Dr. Johnson allows that ol. ricini is an irritant ; if it were not, it would not compel evacuations), and why we believe that the adoption of the professor's views of the treatment of diarrhœa is to be deprecated.

Though we feel strongly, we nevertheless watch closely, and are collating carefully the cases of cholera treated. In full confidence of the doctor's good faith, we will take his statistics and weigh them with those of others as soon as we have the opportunity. If his plan show a success commensurate with its originality, we shall gladly acknowledge its superiority ; if it do not, we may still admire the ingenuity of one who has endeavoured to establish in so important a disease as cholera, the truth of the oft-abused dogma of Hahnemann—*Similia similibus curantur*, and to prove that nothing cures purging more surely than aperients.

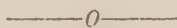


A Few Thoughts concerning Infanticide. By Mrs. M. A. BAINES. London : Chapman and Hall.

THIS is a reprint from Dr. Lankester's *Journal of Social Science*, being a paper by a lady who is no novice with her pen. Dr. Lankester seems to take a peculiar interest in this subject, and some of his recent statements have been very justly animadverted on by the press. It would appear that in addition to the considerable number of deceased children, upon whom he has found it necessary to hold inquests, he credits the female population of the metropolis

with as many more, which have been so dexterously made away with, that they do not come to the notice of even this most active of coroners.

The British public is fond of facts, but it abhors presumptions, and we see no reason why unknown females should be saddled with promiscuous offspring even by the worthy coroner for Middlesex. Mrs. Baines is a lady of practical common sense. She makes no sensational statements, but gives unvarnished facts. Infanticide is a terrible evil, and a sore blot on our civilisation, and we quite endorse her remarks on this painful subject. We agree with her that a "true-hearted woman can and may contemplate it," with a view to eradicating this plague spot from our social system. Foundling hospitals, which separate mother and child, are condemned by Mrs. Baines. She states that some institution which would combine the advantages of a "Refuge, a Lying-in Hospital, and a Nursery," is the proper method of meeting this crime. She would wish for Government assistance, but would expect at the same time that Government should oblige those who received the benefits of such institutions to repay at their leisure the cost of their maintenance while inmates. We think Mrs. Baines's pamphlet will do more good than the utterances of the painstaking but somewhat garrulous coroner, to whom we have above referred. We regret that we must respectfully differ from the talented authoress in one point. We do not believe that those women who destroy their children are amenable to any "softening influences," such as the care of children brings to right-minded mothers. Separation of mother and child would be an unmixed good where the mother is bent on the destruction of her offspring. In our opinion British juries are much to blame for their somewhat maudlin sensibility with reference to the perpetrators of this crime. A few executions for infanticides, and some stiff terms of imprisonment for seducers, would do much to clear our social atmosphere.



The Surgery of the Rectum, being the Lettsomian Lectures on Surgery, delivered before the Medical Society of London in 1865. By HENRY SMITH, F.R.C.S., England, Assistant-Surgeon to King's College Hospital, Vice-President of the Medical Society of London, &c., &c., &c. John Churchill and Sons: London.

THE Authors of large and systematic treatises on general Surgery, whatever their proclivities may be, cannot step out of their usual course and single out any particular disease to descant upon in preference to the rest. It is well, therefore, not

only for the student, but also for the practitioner, when able men trouble themselves so far as to write monographs on any branch in surgery or medicine, that they are peculiarly conversant with. A book on the "Surgery of the Rectum" from Mr. Smith comes with double weight, as he is well-known to the profession, not as a mere "specialist," but as a "general" surgeon, second only to his great colleague, Sir William Fergusson. Accustomed as Mr. Henry Smith is to the larger operations of surgery—those operations which students love to witness—it speaks well for his humanity that he has descended to notice these humble diseases.

No one, however, knows better than a practical surgeon, the amount of suffering and solitary wretchedness these diseases occasion to all classes of the community, from the lowly city clerk, to the important legislator. Days of pain and nights of misery are the lot of many who are afflicted with these apparently "minor" surgical diseases. They are complaints, which patients are slow to mention, and, when at last they have screwed their courage to the sticking point, they make hasty and secret journeys to those surgeons, who do not consider this special practice too trifling for their talents. Mr. Henry Smith does not write for the sake of making a book, as not a few of the medical profession often do. He writes to instruct, and that others should learn how to alleviate the sufferings of their fellow men. Mr. Henry Smith's treatise does him great credit and proclaims him to be a man of action. It is short, plain, decisive, unvarnished and to the point. He is not a man of words. "*Res, non verba*" is the text which he has worked out faithfully and well. The volume is divided into three chapters: I. "On some points connected with fistula in ano." II. "On Stricture, Cancer, and Polypus of the Rectum." III. "On the Treatment of Hæmorrhoids and Prolapsus." As regards "Fistula in Ano," it has been a vexed question whether the internal opening arises from ulceration of the mucous membrane of the rectum, as a primary cause, or whether this opening arises from a suppuration in the cellular tissue around the rectum, forcing its way by an ulcerative process through the bowel. Mr. Smith tells us that in the—

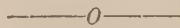
"Majority of cases of fistula in ano, the first pathological change which takes place is an inflammation and induration in the cellular tissue around the rectum, and if this be not arrested, suppuration occurs, and the matter not finding a free vent externally, discharges itself by a more or less circuitous route into the cavity of the gut. An exception must be made, of course, to those cases, where an aperture has been made in the mucous membrane in consequence of the adhesion or penetration of a foreign body, such as a nail, a bristle, or a fish bone. Moreover, there are cases to be met with, where, from the history during life, and from the morbid appearances after death, there is every reason to believe that the ulceration of the mucous membrane has been the primary cause of the mischief;

this is more noticeable in certain cases of bad fistula, occurring in the persons of those long resident in warm climates, and who have suffered from dysenteric inflammation of the colon and rectum. Here several apertures in the membrane of the bowel will be found to exist."

It is an admitted fact, and one capable of demonstration, that in the *majority* of cases where there is a fistulous communication with the bowel, the opening is situated *within half an inch* of the anus."

Mr. Henry Smith has found that after a person has been operated on for fistula in ano, the power of holding the fæces has been occasionally lost. Now, as Mr. Smith says most truly, this is a point of the utmost importance. He states indeed, that patients would sooner endure an abiding fistula, than suffer from a want of power of retention. Mr. Smith has paid minute and laborious attention to this vital point, and with the best results. Mr. Smith defines a certain class of fistulæ, which it is unwise to operate upon. When beginning the second lecture, Mr. Smith gives an amusing anecdote, before entering on the most important portion of his work,—viz., "Stricture, Cancer and Polypus of the Rectum." He tells his readers that some years since stricture of the rectum was considered to be a most common complaint, and a practitioner of large experience in rectum surgery was said to have made large sums of money by the successful treatment of the numerous cases which came under his care. It was considered by many that stricture of the rectum was not quite so common as was stated to be by the gentleman in question; nevertheless, the public, so easily led, or rather misled, in such matters, was induced to believe that a vast number of the ills which flesh is heir to, were due to the existence of a contracted rectum. He also relates a funny story regarding the husband of a lady who had called upon this well-known rectum doctor, and who had operated on her by the bougie for the supposed disease. Infuriated at the liberty which had been taken with his wife, he called at the house of the practitioner, with a horsewhip in his hand, intending to punish him for his treatment of his wife. But the story goes on to say that the interview terminated, not by the committal of the intended assault, but by the peaceful submission of the husband himself to the introduction of a rectum bougie on his own person! Such was the influence of the surgeon in question, in persuading his patient to believe that they suffered from stricture of the rectum." . . . The third chapter is devoted to treatment, and to a summary of cases. The clamp, which bears the name of Mr. Smith, is accurately described. Its merits consist in its equable power of grasping a considerable portion of a structure, its blades being in apposition throughout their entire length. A screw has been fitted, by which the operator can

easily and expeditiously tighten or loosen the grip of the instrument. This is of the greatest importance, as regards bleeding vessels, for with ordinary clamps as soon as the grip is loosened, the structures recede. With diseases of the rectum, as with other diseases, common sense has to be employed, and in his treatment of each separate form of rectum disease, Mr. Smith shows most thoroughly that the treatment which he chooses for his patient is that, which offers in each particular case the best chance for a speedy and successful result. Thus, he is not wedded to either nitric acid, or the actual cautery, but has a judicious regard for both in their proper times and seasons.



Note Book of Materia Medica, Pharmacology, and Therapeutics.

By R. E. SCORESBY JACKSON, M.D., F.R.S.E. ; Fellow of the Royal College of Physicians ; Physician to the Royal Infirmary, and Lecturer on Clinical Medicine ; Lecturer on Materia Medica and Therapeutics at Surgeon's Hall ; Examiner in Materia Medica and Medical Jurisprudence to the University of St. Andrews &c. 1866, Edinburgh : Maclachlan and Stewart. London : Robert Hardwicke. Dublin : Fannin and Co. 8vo. Pp. 632.

The name of Dr. Scoresby Jackson, as the author of any work, would be a sufficient guarantee for its scientific and exhaustive nature. But a work on materia medica by this able author is peculiarly valuable from the subject being one upon which Dr. Scoresby Jackson has expended unusual thought, and an extraordinary amount of patient investigation. In these days, when a dilatory and unpractical Medical Council is "meddling and muddling" with our national Pharmacopœia, it is quite a boon to the general practitioner, when some man of eminence comes forth to enlighten him by divesting the subject of all unnecessary refinements and prolixities, and by bringing the newest knowledge to bear on this very important and most interesting science.

Dr. Scoresby Jackson writes a most simple and a most modest preface, a preface which is far more likely to cause a perusal of the body of the work, than the stilted utterances that less gifted but more pretentious authors would have thought necessary as the opening page of such an important work.

We all know the late respected Jonathan Pereira's splendid but ponderous work on Materia Medica, and it is doubtless a tower of strength in the surgeries of many practitioners. For the working medical man, however, a book with less extraneous matter is necessary, but it would require a clever man to make a proper abridgement. We can, therefore, after a most careful

study of Dr. Scoresby Jackson's work offer no higher compliment to it, than to call it a working doctor's abridgement of Pereira carried to the present day, obtained by original experiment, much research and patient labour. We have seen no book on *Materia Medica* which we can more heartily recommend than the volume under notice, both to the student of medicine, and to those working practitioners who require a treatise that goes at once to the root of a question, and which, while giving nothing beyond the subject, yet at the same time omits nothing of real importance.

The present work arose as follows:—Dr. Scoresby Jackson informs the reader that with a view to relieve the students attending his class from the irksomeness of note taking, he prepared, two years ago, a pamphlet containing all the formulæ, the weights and measures of the British Pharmacopœia. This note-book of formulæ proving most acceptable to the students, he intended to render it even more complete on a second edition being called for. The publisher, however, wished for a more extended work, and this note book is the result.

An excellent system is evident throughout the entire volume: All quotations from the Pharmacopœia are made in italics. The names of officinal drugs are printed in bolder type, and are thus distinguished from those which are not officinal. There is a most complete index, which has this most novel and excellent feature that it also at the same time acts as a table of doses, the doses being added after each substance. Here also a great improvement on the ordinary books exist. Each officinal drug is marked by an asterisk. Thus at a mere glance three different points are clearly indicated. The work is well arranged as follows:—

Part I. Introductory.—This is one of the most valuable portions of the work, as it embraces a general review of the whole subject of *materia medica*, and acts as a guiding thread for the detailed descriptions which follow.

Further on we give some quotations which will show our readers that more lucid explanations and better summaries are seldom penned.

Part II. treats of inorganic *materia medica*, which again is divided into an excellent system of classes, which again are subdivided into groups.

Part III. is separated into three leading divisions:—1. The vegetable kingdom, 2. The animal kingdom. 2. Products of fermentation, of destructive distillation, fossil vegetable products, &c. The vegetable kingdom is classified as regards natural orders, according to the well known *Class Book of Botany* of Professor Balfour, to which learned Professor, Dr. Scoresby Jackson expresses his thanks in the preface. Dr.

Seller, Dr. Stephenson Macadam, and Mr. J. B. Stephenson, all well known in Edinburgh, receive a just meed of thanks for their kind assistance to the learned author.

We will now proceed to details, and will make some quotations from which the readers of the *MEDICAL MIRROR* may form for themselves an estimate of this important work.

Part I., or Introductory is so important that we give a complete table of its contents, as follows:—*Materia Medica*, Definition, Scope of the subject, Sources and Natural Condition of Medicines, Selection and Collection of Medicines, Collection of Vegetable Medicines, Natural Condition of Plants, and the circumstances by which they are affected. The Active Principles of Medicines derived from the Vegetable Kingdom, Sophistication, Adulteration, Succedenea, Preservation of Medicine, Pharmaceutical Operations, Weights and Measures, Symbols, Officinal Formulæ, Aquæ, Cataplasmata, Confectiones, Decocta, Emplastra, Enemata, Extracta, Infusa, Linimenta, Liquores, Mellita, Misturæ, Mucilagines, Pilulæ, Pulveres, Spiritus, Succī, Suppositoria, Syrupi, Tincturæ, Trochisci, Unquenta, Vina, Magistral Formulæ, or Prescriptions; Properties, Forces, Actions and Effects of Medicines, *Modus Operandi* and Classification of Medicines, Locality of the Action of Medicines, Channels by which Medicines are Introduced into the System, Circumstances which Modify the Action of Medicines, The Prescription.”

This introductory portion occupies 106 pages of clearly printed matter. We think everybody who reads it will allow that there is no work on *materia medica*, which can boast of a more systematic, a better condensed, or a more practical and useful epitome than this introductory portion. We consider that there is no existing work on *materia medica*, which would not be improved by having this epitome of Dr. Scoresby Jackson's bound up with it. These 106 pages bound up separately and called a “Key to *Materia Medica*,” ought to be in the hands of every student of medicine, whether in Edinburgh, London, or the provinces. Not a few of our lecturers on *materia medica*, rush frantically into the very middle of this great subject, without ever remembering that the class before them can have no earthly knowledge even of the names and operations, that it will be necessary so frequently to use, or to allude to. The vaunted progress of medical education, may have certainly divested our rising student of the apron of the apprentice, but it has also divested him of that practical knowledge of drugs, and of the various manual operations connected with them, that in less “advanced” times were found so useful for our students of medicine.

The very numerous compound words which occur in treating of this science, are Dr. Scoresby Jackson's first care. Their

Greek derivations are carefully and clearly given, and we rejoice to see that Dr. Jackson gives the Greek words in their proper alphabet. There is a practice creeping in among us, of rendering Greek words in Roman letters, which we suppose is considered another improvement of this "advancing" time, but which we must stigmatise as most barbarous.

We will now give place to Dr. Scoresby Jackson himself. He says with reference to *Materia Medica* :—

"This term, in its most restricted sense, signifies nothing more than the medicinal substances used in the cure of disease, and hardly extends beyond the domain of the druggist ; but, in a more liberal view, it embraces all the means at our disposal for the alleviation of the sufferings which attend disease—except those involved in pure surgery and midwifery—and includes all those hygienic appliances, which, of late years, have been so rapidly developed. . . . The ultimate object of lectures on *Materia Medica* is to teach the legitimate use of means to an end. The centre around which the lectures are grouped, is the *Physician's Prescription*. From the utmost verge of the subject, the thread upon which it hangs, leads to the prescription, not of drugs only, but of everything that can alleviate suffering and cure disease. The ultimate object of medical education is to teach HOW TO WRITE A PRESCRIPTION, and in that little act lies the severest test of a physician's attainments. To be examined upon a prescription is to give access to every department of medical learning. If the student could satisfactorily explain the *how, what, when, and why* of prescribing, his education would be complete ; but this is not to be attained during his *curriculum* merely, it is what the practitioner is still learning at the close of his career. The practical application of all the medical sciences culminates in the prescription ; the ultimate object of chemistry, botany, physiology, pathology, and the other allied sciences, with respect to medicine, is to teach the physician how to apply the remedies at his disposal most advantageously to his patient."

One very interesting portion of Dr. Scoresby Jackson's work is that on which he treats on the following very practical questions :—*"What is the effect of climate, soil, season, and cultivation upon medicinal plants?"* He tells us that—

"A plant which possesses medicinal properties, when grown in one locality, may grow even more *luxuriantly* in another, and yet be *deprived* of its *medicinal virtues*—the chamomile is a case in point. The flower is *doubled* by cultivation, but its *medicinal value* is thereby greatly deteriorated. Wormwood also loses much of its bitterness by cultivation. Peppermint also may be most luxuriant, yet the oil from this luxuriant plant may be much less in quantity and much inferior in quality to an inferior looking neighbour. Yet, on the other hand, many fruits and vegetables esteemed in our time have been gained from repulsive ancestors, and saccharine and amylaceous principles have been developed in them, to the exclusion of their former sour and bitter ingredients. Hence fruits and vegetables are rendered more agreeable and nutrient by cultivation. But the medicinal principles of plants are often characterized by a bitter or other disagreeable taste, and sometimes by an offensive odour ; and, if the effect of cultivation be to alter these characters, it is probable that the medicinal virtue of the plant will also be modified to a corresponding degree. Hence, by analogy, we might infer that cultivated plants may be inferior to wild plants for medicinal purposes. But since long experience has taught the fruit and vegetable gardener how to im-

prove his produce, it is probable that continued observation by our intelligent medicine cultivators will enable them to overcome whatever obstacles at present beset their path, to which end they will be stimulated by the measure of success that has already attended their meretorious efforts."

The importance of a rotation of crops is well pointed out:—

"Different crops abstract varying proportions of the saline or earthy constituents from the soil, and the rotation of crops ensures that too much loss is not sustained year after year of any one earthy ingredient of the soil."

He says again in another part:—

"Plants may put on *obesity*, like animals do, by particular feeding, but this they cannot do without impairing their vigour and usefulness as medicinal agents." . . . "Mitcham in Surrey, and Hitchin in Hertfordshire, are the chief medicine growing districts of this country. The medicinal plants grown at Mitcham are chiefly lavender, peppermint, chamomiles, roses, liquorice and henbane. Also large quantities of poppies, rosemary, squirting cucumber, belladonna and penny-royal. In smaller quantities, spearmint, marshmallow, horehound, foxglove, stramonium, &c. At Hitchin, the cultivation of several kinds of plants has been attempted, but at present it is chiefly confined to lavender, elaterium, belladonna, henbane, and aconite. The distribution and cultivation of medicinal, as, indeed, of all plants, is restricted by natural laws, which are explained in works on botanical geography. But we are interested in this matter in a double point of view. It is not enough for us to know that a medicinal plant will grow in a foreign land, and present the same external characters as it does in its native soil, we must also know that its medicinal properties are alike under both conditions. We see then that there are several causes by which the medicinal properties of plants may be modified; and as these changes are effected, chiefly through their *active principles*, it will be well for us to take a general view of the organic constituents concerned in the actions of medicines. When we regard the numerous substances of medicinal value that are formed during the growth of vegetables, remarking that whilst they are frequently almost identical in constitution, yet they differ widely in their action, when introduced into the human system, we see how much the physician is dependent upon the skill and accuracy of the pharmaceutical chemist. It is to organic chemistry that we owe the many elegant and powerful remedies of late years introduced into practice."

We are glad to see that such an accomplished physician gives credit to a body of men who have so much to do with the success of any doctor's treatment. It has been the absurd fashion of late years to cry up the "pure physician" and run down the honest "apothecary;" but we question very much whether the apothecary would not be more missed than the "prescribing" physician. Our Apothecaries' Society of London still holds its own in its practical examination on the all-important subject of drugs, and we think that his well-deserved compliment to our Pharmaceutical Chemists ought to extend to that venerable and respected institution, whose diploma is a surer guarantee of a perfect knowledge of the great science of materia medica than the more new-fangled but less practical diploma of the London College of Physicians.

On the subject of adulteration of drugs, Dr. Jackson makes the following important observations :—

“It is unfortunately true of certain dealers in drugs, as of certain characters in all trades—that they are dishonest. To increase the profit upon drugs, in their foolish haste to be rich, they do not scruple to resort to *adulteration*, adding to them articles of inferior value, and thereby defrauding their customers. But some dealers seem to have an idea that they may substitute for any given plant or medicine, another, which in their honest opinion, is equally valuable and efficacious, the plant so employed receiving the title of *succedaneum*. But this practice is a mere *refinement of dishonesty*. If the *succedaneum* be more abundant, and more readily obtained, and they truly believe it to be equally good, why not introduce it on its own merits? These falsifications are practised chiefly in foreign markets, at the places where the drugs are cultivated and prepared. Of course, no druggist of respectability would attempt—whether for the sake of gain or convenience—to substitute one drug for another in *dispensing* a physician’s prescription.”

We indeed trust not, but we nevertheless think that inspectors of drugs should be appointed by Government, responsible to the Medical Council, who should bring to immediate notice and punishment any disreputable practices of greedy drug-mongers. The following remarks will strike all working members of the profession as peculiarly to the point :—

“To prescribe well is no easy matter. Independently of scientific and practical therapeutical knowledge, it demands an acquaintance with the practical details of pharmacy, which, in its turn, involves the laws of natural history, chemistry, and physics. The opportunity of studying practical pharmacy in a private laboratory, in the shop of a pharmaceutical chemist, or at a public hospital or dispensary, *should never be neglected by the student of medicine*. The knowledge thus acquired will prove to be of the utmost value in after life, and *it must be deeply regretted that so little has been done in this country for the encouragement of SCHOOLS OF PHARMACY*.”

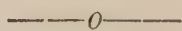
In Part II. (Inorganic Materia Medica), and in Part III. (Organic Materia Medica), Dr. Jackson displays extraordinary accuracy and power of arrangement. The *name* of a drug, its mode of *manufacture*, its *characters*, the *tests* for its *purity*. Its various *preparations*. Its *dose*. Its *antidote*. Its *therapeutical* and *poisonous effects*. All these points are lucidly entered into with concise accuracy. Whatever subject is looked out will be found equally striking, for the art of the printer has been also brought to bear to help the memory by rendering the various passages striking to the eye. As pepsine is a very efficacious but high-priced drug, we will extract Dr. Scoresby Jackson’s account of it, from which our friends in the country may see that it is not difficult for them to make it. (Part III. Division II. Animal Kingdom, page 566.)

“PEPSINA. Pepsine.—The active digestive principle of the gastric juice of Mammalia. Pepsine may be prepared in a variety of ways, and is obtained from the stomachs of calves and pigs. As used in medicine, it occurs as a nitrogenised, light, amorphous, greyish-white or fawn coloured

powder, soluble in water and in weak spirit. It usually has a peculiar faint odour, and a bitter nauseous taste; but when quite pure it is both tasteless and inodorous. It is decomposed by a heat of 120° , and afterwards no longer possesses its digestive properties. Its solutions are precipitated by the salts of lead and mercury, and also by tannic acid, and by alcohol, but not by nitrate of silver. Its aqueous solution when acidulated with hydrochloric, phosphoric, or lactic acid, and aided by a heat of 100° , has the power of digesting and dissolving fibrin and coagulated albumen, whereby its relative purity and strength may be tested. Either from faulty preparation, from decomposition, or from adulteration, much of the pepsine of commerce is inert. It is given in atonic dyspepsia with the view of supplementing the gastric juice. *Dose*.—About fifteen grains, taken with meals."

It is the opinion of the reviewer with reference to Pepsine, that the ordinary "rennet" as prepared (by drying and salting) for cheese-making, would be the best method for the practitioner in the country to exhibit pepsine. A small portion of this substance could be grated down and given with the meals at one-hundredth part of the cost of the pepsine of commerce, which latter, unless obtained from the highest class chemists, is invariably so mixed with other things as to be not even worth the paper it is wrapped in. A cold infusion of a fresh pig's stomach acidulated with hydrochloric acid was not uncommon among our fathers in medicine. It was decidedly efficacious, although objectionable to a fastidious feeder. We don't see the same objection to the dried stomach of the calf, a portion of which could easily be made into an acidulated mixture, and coloured with cochineal.

We regret that our space will not permit us to dwell any longer on the very interesting subject so ably treated by Dr. Scoresby Jackson, who has paid Dr. Christison a well-deserved compliment by dedicating this important volume to him.



Do Small-Pox and Cow-Pox afford any Protection from Asiatic Cholera? With some observations. By AMBROSE BLACKLOCK, M.D., Surgeon Major Madras Army, &c., &c., &c.
H. K. Lewis, 136 Gower street, London.

A GREAT deal of cholera literature is going about, and the newspapers, both lay and medical, teem with advertisements of the new pamphlets that issue almost daily from the press. Among so many, all jostling for a place and for buyers, readers, and reviewers, there is danger of really good works being lost to the public. Dr. Blacklock's pamphlet is closely printed, and it contains so much matter that it would have been all the better of a better dress. Many people read a *book*, where a pamphlet passes by unnoticed. We do not consider Dr. Blacklock's pamphlet to be inferior to Dr. Macpherson's work entitled

"Cholera in its Home," which we had the pleasure of reviewing some time since, and which a weekly cotemporary has mentioned as the "best which has issued from a teeming press." We do not wish to make comparisons, but it is evident from the contents of Dr. Blacklock's pamphlet that he could as easily have written a large volume. He points out most lucidly that in his East Indian practice he has noticed that small-pox-pitted people never suffer from cholera. It is a well known fact that cow-pox offers an immunity from small-pox, and it certainly is an interesting question how far cow-pox offers a freedom from cholera. All medical men of Indian experience know that the vaccine lymph procurable in India is not always genuine, and also that native vaccinators are not always to be depended on, even supposing them to have genuine vaccine. Indians have prejudices as well as Europeans, and all will not suffer vaccination to be performed. The fact, therefore, that many reputedly vaccinated natives die of cholera proves nothing. Dr. Macgowan, late of the 52nd Oxfordshire Light Infantry, who has had Indian experience, pointed out in the pages of this journal some months ago, the strong likeness between the collapse of ague and the collapse of cholera, a likeness that many Indian observers have brought to notice. Dr. Blacklock, in speaking of the cold stage of cholera has the following paragraph respecting ague and cholera :

"Much of the treatment of ordinary cases in the cold stage of cholera should be expectant—waiting and hoping work, not working work. In cases of red-edged tongue, rapid improvement often ensues, even when much flocculent serosity is passed, on the exhibition every half-hour of the simple effervescing draughts, made with what are called soda powders, with the addition of twenty or thirty minims of tincture of henbane to each dose. But there is a very extensive class of cases furnished by people who have been at some time under the influence of paludal exhalations, or who are so at the moment of attack by cholera, and these require a very free use of quinine even in the cold stage. By people who have suffered from miasm, I do not mean only those who have had good shakes from ague, but those also who from residence in the neighbourhood of canals, estuaries of rivers, and offensive muddy foreshores anywhere, have been and are suffering from the chronic deteriorating influence of such emanations on their blood. I do not mean to say that cholera is actually an ague. Far from that. All I mean is, that a miasm which will in one situation occasion a decided shaking, intermittent fever will, in other places, display its effects only by imparting the agueish character to other diseases, so that those diseases cannot be effectually treated unless the miasmatic deterioration and agueish peculiarities and tendencies are taken into account. It may safely be said that if a man has been immersed for any time in an atmosphere such as we have in low-lying places in many maritime districts, all his future illnesses will be coloured, so to speak, by the atmospheric effects of that residence. Ague has long since ceased to be endemic in all except a very few places in this country (Great Britain). But very many people are still being constantly poisoned by emanations which occasion chronic degenerations similar to the paludal. We have not now the acute forms of marsh, or moist-ground poisoning in our midst, but we have, I

think, several masked chronic forms that can be detected or suspected by the medical practitioner. I know in India, that if cholera commence with some little shiver, some slight tremour, followed by dry heat of skin, and at the same time what are perhaps regarded as very incompatible cramps and serous evacuations of Asiatic cholera, we are almost certain to save the patient by treating the case as one of ague, and giving him quinine freely, with henbane or paregoric, however cold and clammy he may be, and I further help him by blankets, soup, and wine. If a patient has been long resident on a dirty part of a canal bank, or of a seaport with foul beach, I take it for certain that he has what is called latent intermittent in him, and that it may declare itself at any time either in the shaking or the neuralgic form, or he may be attacked with what may be named inverted intermittent, in the form of dropsy, which increases distinctly every third or other periodic day, or in the form of intermittent or remittent diarrhœa, or of alarming serous flocculent vomiting and purging, which if not recognised as cholera, will most likely prove fatal. All such cases should be treated by quinine and camphor, with or without a little opium, according to the necessities of the case at the moment. Pardon me when I say that Warburg's drops, containing Beberia, are a very good form, as I have experienced for such cases, when the drops are given according to the directions accompanying the little bottles. If the serous evacuations are in considerable quantity, especially if rosey from blood, the quinine should be given in doses of at least ten grains every half-hour with paregoric till the person's condition is improved. I do not know if the prescription proposed for cholera by Dr. Copland, of Medical Dictionary celebrity, was intended for this description of cholera, as I have not his great work at hand; but it is most effective for the purpose. It is made up of ten grains each of sulphate of quinine, calomel, and camphor. The camphor is to be finely powdered in a mortar, after being moistened with alcohol, then the calomel and quinine are to be added, and all rubbed well together, with half a fluid ounce of mucilage or starch. When taken, it should be washed down with half a wineglassful of brandy in a wineglassful of water. It should be repeated twice or thrice, if necessary, in half the above dose, and when reaction is thoroughly established, a mild purgative must be given. I think half the calomel is enough. Of course the remedy for cramp may be needed at the same time."

In a recent volume of the *Madras Quarterly Journal* now before us, we notice that in Dr. Shortt's most able Topographical Report on the Madras District the prevalence of cholera and small-pox epidemically in the district frequently throughout the year is specially noticed. He says further, "*If either of these diseases quits one part of the district, it is only to reappear in another.*" He further states—from the great experience he has gained of both diseases at the annual gatherings of natives at their temples,—that "each individual carries the germs of the disease with him, more or less, from village to village *infecting every locality he passes through* to reach his destination. *That cholera is infectious and capable of travelling along great thoroughfares is undisputed.*" He then quotes the opinions of his various predecessors in the district for many years back, giving their reasons as recorded in the official documents of the office. Dr. Shortt is superintendent of vaccination at Madras, and we hope that Dr. Blacklock will send a copy of his able pamphlet to him. We are glad to have

had this opportunity of bringing Dr. Blacklock's little pamphlet to the notice of the profession. Its cheapness will, we trust, ensure the wide circulation which its valuable facts most assuredly merit.

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Cholera: its Nature, Cause, and Treatment; Simply, Scientifically, and Practically explained. By C. SEARLE, M.D., late of the Madras Establishment, &c., &c., &c.

DR. SEARLE is a gentleman of great experience. He relies on calomel, which he gives in doses of from six to twenty grains every quarter or half an hour, according to urgency of symptoms. In short, the worse the symptoms, the greater the dose of calomel. In a postscript which contains an epitome of his views, he states:

“Castor oil and emetics, as remedies in cholera, have lately been very strongly advocated and urged upon the attention of the profession; they are both good to a certain extent, as there can be no doubt that the evacuations attending the disease are rather curative than otherwise, and accordingly these remedies, which have had a full and fair trial long ago in India, were found to be much more successful than those of the opposite class—opium and stimulants—which arrest the evacuations, but *nevertheless were soon abandoned, as falling very far short of fulfilling the requirements of a successful treatment*, as they bear little or no relation to the antecedent condition, or that which occasions not only the diarrhœa, but the arrest of the secretions, the general prostration, and the rest of the phenomena of the disease. But which, if there be truth in what I have said, in relation to calomel as a stimulant, it goes directly and immediately to remove, and thus cure the disease.”

—o—

Cholera: its Early Treatment, and especially its Prevention. By HENRY MAC CORMAC, M.D., Consulting Physician to the Belfast Hospital, Physician to the Cholera Hospital, Ex-Professor of the Practice of Medicine in the Belfast Medical School, &c., &c., &c.

DR. MAC CORMAC believes in the propagation of cholera by infection, a view common to the best observers. We give his treatment in his own words:

“Aperient medicines, castor oil, salts, and the rest, demand the greatest caution. They should not be taken unless directed by a medical man. Aperients, in fact, when improperly exhibited, bring on diarrhœa, and diarrhœa, unless checked, is the too frequent stepping-stone to collapse and death.

“A teaspoonful of dilute sulphuric acid, taken in a little water every half-hour, or oftener, will, in the great majority of instances, arrest diarrhœa. It will not only arrest the diarrhœa or looseness which ushers in cholera, but if taken night and morning, as I have fortunately been able to ascertain, has also the infinitely desirable property of averting diarrhœa and cholera altogether.

“A tablespoonful night and morning, proportionately less to children, of a mixture containing half an ounce of dilute sulphuric acid in twelve ounces of water, is a convenient mode of giving the dilute acid. Dilute sulphuric acid indeed is found in all apothecaries' shops, but may be prepared at any time by adding ten pounds of water to a pound of strong acid.”

MEDICAL OPINION.

"FORWARD!"

In a recent volume of the *Madras Quarterly Journal* we notice some extracts from an Address in Surgery, which was delivered at Calcutta, by J. Fayrer, M.D., F.R.S.E., F.R.C.S.E., Professor of Surgery, and Surgeon to the Calcutta Medical College Hospital. Mr. Fayrer's name is not unknown in England, and Mr. Fayrer takes good care that it shall not be unknown in India. If we mistake not, this is the gentleman who had a pertinacious paper war with the Indian Local Government, about the precedence of "Doctors of Medicine" with especial reference to his own University precedence in the Calcutta university. He wished his degree of M.D. to be subversive of his military rank, and to raise him above his seniors in the service. We commented on this little affair in this journal, and now we have occasion to make another comment. Mr. Fayrer wishes the medical world to know that, surgery and surgical pathology, have not suffered in the hands of Indian surgeons. This is his first point. The second is his astonishment at not finding Indian surgeons' opinions or practice quoted in standard works on surgery. But we will let him speak for himself on this ponderous and all important subject:—"I will venture to say that you would have difficulty in adducing even a casual reference in any of the standard works professing to treat exhaustively of their respective subjects; to the *authority, practice, or opinion* of one Indian surgeon."

We will quote a passage shortly from a very able surgical work, which we would recommend most respectfully to Mr. Fayrer's notice. Mr. Fayrer seems to consider that lithotomy is a branch of surgery in which Indian surgeons are certainly equal to any and every other English or Continental surgeon, whether dead or alive. He says "*we count our operations by hundreds*; some of our graduates have cut as many men successfully for stone as the GREATEST LITHOTOMISTS EVER SAW. (!!!) Professor Fayrer is an adept in "*tall*" talk, as our Trans-Atlantic cousins say. We certainly regret that we missed the opportunity of seeing Professor Fayrer, when we were at Calcutta. Lecturing to half-castes, and to natives is evidently very elevating, but we scarcely think that any more elevation is required. Perhaps a few years sojourn in England would sober down Professor Fayrer's style, which from the following extract would appear to be decidedly in want of a little wholesome pruning:—"And I might refer to the names of O'Shaughnessy, Brett, Webb, Playfair, Naismith, Aitcheson, Partridge, Bailey and others; as of surgeons who have had experience in this operation, that SCARCELY the Frere Jacques, Rau or CHESOLDEN EVER EXCEEDED." Genius and modesty are often allied. We may have genius certainly among our surgeons of "Her Majesty's Indian Service," as they love to write themselves, but we look in vain for modesty in *one* of them at any rate.

How is it that we read the following in Mr. Henry Smith's able Lectures on the Surgery of the Rectum? "Every now and then we meet with cases where a fistula not communicating with the gut may heal up. Such a case has recently occurred to me in the person of a cavalry officer, . . . *who came home invalided from India, for the express purpose of having an operation for fistula performed.*" The surgeons of India, though equal to Cheselden in lithotomy, evidently require a little rubbing up in the surgery of the rectum.

We are glad to observe from the *Pharmaceutical Journal* that the

abominable system of using methylated spirit in medicine is to be put a stop to by a wholesome law. We read:—"The Pharmaceutical Society, backed by the higher medical authorities in Pall Mall, has long tried in vain to check the use of this vile compound of spirit of wine and naphtha in the preparations of the Pharmacopœia; a compound admirably fitted for *hat varnish* and French polish, but utterly hateful to the human, and perhaps even to the equine stomach." Their representations have, however, happily been successful at last, and a stringent law will soon come into operation to restrict methylated spirit to "external use." The out-patients at our poorer dispensaries and hospitals have reason for gratitude to the Pharmaceutical Society.

In the *Social Science Review* Mr. William Blower, M.R.C.S., gives a very interesting account of bye-gone epidemics, and he winds up his paper by practical remarks on sanitary measures, which vestrymen had better study. Mr. Blower's peroration is as follows:—"And above all, faith in Divine Providence, and a firm belief in the doctrines, and a resolute practice of the duties of Christianity, should regulate the conduct, and animate the hearts of all persons residing in an epidemic focus." We would, however, not restrict faith in the kind providence of Almighty God to those alone who are in an "epidemic focus." It is equally necessary for all, in every relation and circumstance of life.

The *Journal of Mental Science* is one of those medical magazines, where one is sure of finding interesting and instructive matter by picked authors. Not mere hurried dissertations and scribblings on crude and visionary theories, but sound essays in cultivated and often talented language, fill its pages, and we much regret that want of space often precludes us from making long extracts from it. The Lunatic Department of Great Britain is happily managed by the magistrates of the kingdom. The salaries of the medical officers are rising and sufficient, and the special journal of this great scientific branch of the profession shows a comfortable condition by its scientific and refined literature. But what time for study and self-improvement can a jaded Poor-law doctor have? Until the poor of the kingdom are controlled by the magistrates and not by petty tradesmen, we have no hope of any measure of Reform. The Union medical men should combine together to demand their true position. Resignation or Reform should be their watch-words. The profession would not be niggardly in subscribing to a just cause like this. (We will give some extracts from the *Journal of Mental Science* next month.)

The *Edinburgh Medical Journal* keeps up its character for excellence of original communications, but at the same time it keeps up its excellence of price. Two shillings per number is more than the general practitioner cares to give for a local journal. Professor Christison made some observations lately about the poor financial condition of the Edinburgh University which condition all Scotchmen will regret. We would respectfully suggest that a cheaper Edinburgh medical paper might help to keep this very distinguished university before the profession. London owes its greatest living surgeon to Edinburgh, and we think that not a few of those who have benefited by the great talents of Sir William Fergusson would not be slow to assist the university that fostered his early genius.

The *Glasgow Medical Journal* is under able management and has first rate communications, and has the great advantage of being half the price of the Edinburgh medical organ. 24 pages are, however, required to bring it up to the ordinary size of the MEDICAL MIRROR. We have the honour to ac-

knowledge, with thanks, the courtesy of the Editor (P. A. Simpson, M.D., M.A. Cantab) and the Publisher (Mr. James Maclehose) who have sent us the back numbers to perfect the new series. This journal has been in existence for 13 years as a quarterly, but during the present year it was found advantageous to produce it monthly. We can only say that we wish it the success which it deserves. In the August number Dr. Buchanan gives a very lucid account of a successful case of Ovariectomy. The after-treatment was as carefully looked to as the operation itself. The sequel to brilliant operations is not always careful after-treatment, upon which, within limits, the success or otherwise of a case depends more than on a rapid and brilliant operation.

The *British Medical Journal* has shown its sorrow for the death of the late respected Sir Charles Hastings, not only by an oration on his merits but also by a black border, such as the general papers made use of to express there sorrow for the Prince Consort, or more recently, for Lord Palmerston. We need not tell the general practitioner that the two addresses on Surgery and Medicine respectively were the great features of the recent Chester meeting of the British Medical Association. Unmixed praise has been showered on Mr. Bowman for his Address on Surgery. We cannot however join in the general excessive acclamations. The production is creditable enough, but it displays more power of compilation than original talent. The only original portions are either in very bad taste or are very absurd. To begin with the last point. He is referring to the Atlantic Cable:—

“Yet already, by a combination of enterprise and skill unparalleled, the magic twine unites two continents; and man's thoughts, cyphered with unerring truth by silent speaking symbols, in the last degree refined, and borne onwards by tender tremors of the metal, fainter yet far fleetier than Æolian whisperings, are traversing every moment—even as I speak—the awful solitudes of Atlantic depths, under miles of ambient water; where no sound, hardly light itself, can ever penetrate; all heedless of the fogs and icebergs and mimic storms of the surface, 15,000 feet above.”

We are used to the so-called “poet's license,” but we can hardly see why the storms of the raging Atlantic should be called “mimic,” except that in poetry or in sentimental talkee-talkee it is always well to clothe all nouns with long-sounding adjectives. We would respectfully suggest, however, that *any* adjective won't do. It ought to convey sense as well as sound. We don't wish to cavil at “ambient” water; water would not have done by itself, and ambient sounds better than surrounding. The penny-a-liners of the provincial press will be able to improve their style by borrowing some few words from the sentimental portion of Mr. Bowman's address. Now to a more serious matter. Mr. Bowman has earned for himself a reputation as an able and painstaking, if not very rapid, physiologist. We say not very rapid advisedly, for we remember with disgust a book on physiology which came out in parts at uncertain intervals. It is one of the phantoms of our student days. Mr. Bowman has an European fame as a physiologist, and a good many people will take his *ipse dixit* for gospel. We regret, therefore, that he should have stood forth as a champion of vivisection. Mr. Bowman is a man of piety, and he deserves well for his earnest words of honest religion, but we think it rather strange that a man of religion should also be an apostle of cruelty to animals. Mr. Bowman has lifted up a stone and has cast it with all his force at the Society for the Prevention of Cruelty to Animals. Were it not for the position which Mr. Bowman occupies as a physiologist, and the prominence the medical journals have given to his lecture, or essay, or address, or whatever he may call it, we should not have thought it worth our while to refute his feeble sophistry. We do not belong to the

herd that worship title, and we do not think well of a man's ideas because he is a Fellow of the Royal Society. Burns says, "the king may make a belted knight, a man's a man for a' that." A man who isn't a Fellow of the Royal Society may be as sensible as the man who is, and with all the impertinences that are showered on the "general practitioner" by dilettante specialists, we think there are but few of the former honest class who would have made such a silly speech about the Society for the Prevention of Cruelty to Animals as our friend the tardy physiologist and F.R.S. But we will give his own words which show a petty spite incompatible with genius. We must premise that the Society for the Prevention of Cruelty to Animals recently offered a fifty guinea prize for a scientific essay in answer to the question: "Vivisection: is it Necessary or Justifiable?" Dr. Markham and Mr. Fleming have written two prize essays on the subject (which have been sent to us for review, and which we trust to condense for our October number) which are convincing to unprejudiced persons who are blessed with humanity, but which seem to have brought no conviction to Mr. Bowman's "special" mind. Mr. Bowman says:—

"A society, respectable and praiseworthy when directing its shafts against the meaningless and selfish acts of vulgar and brutal natures, or when striving in various ways to diminish the pain inflicted on animals put to those human uses which general consent, no less than the widest view of all nature, sanctions, is *no longer to be commended* when it ventures to raise a *prejudice* against the *refined* and *honourable inquiries* of *educated men*, seeking to advance legitimately a branch of knowledge most nearly touching human interests of a lastingly high order. For every really forward step taken in the science of man's life, is a part of that *progress* which is indisputably adding to the sum of *human happiness*, not only in the present time, but in the *future*. It is only those *well-meaning persons* who are little acquainted with the necessary elements, and the excessive difficulty of such researches, and apparently still less with the motives of the higher class of scientific inquirers, who can *presume* to endeavour to *thrust themselves* into a *province* where *no present abuse calls for interference*. I think it would be wiser for the excellent persons in question to confine themselves to those spheres of exertion in which all good men and scientific men must heartily bid them God speed, rather than wear the appearance of attempting to add to their *éclat* as a popular society, by a foolish crusade against what can certainly be justified, and must even be applauded by all well-wishers of their own kind, if we admit, as society seems inclined to do at present, that *to apply animals to purposes useful to man is one of the manifest ends of their mutual relationship on the earth*. In the country of Harvey, and in the bosom of the profession which derives so much glory from his name—in the country of John Hunter, of Astley Cooper, and of Brodie, there should be no doubt as to the free allowance of dissections of living creatures for the advancement of knowledge, whenever the course of investigation demands it, of which *those only can properly judge whose minds are occupied with the pursuit*. To the conscience and human feelings of these may safely be committed the discretion as to how far this exercise of man's prerogative over all the lower organizations may be carried, without the abuse of inflicting unnecessary pain."

We don't see how cruelty can be metamorphosed into humanity by clothing it in fine language. We don't see how a *refined* man when he is cruel differs from a brutal man. It's all the same to the animal. Because a man happens to prostitute his education in the cause of cruelty, we cannot see that cruelty can be called by any other name. It is clap-trap to bring forwards the great surgeons' names of past times. What practical men want to know is simply this. What do we expect to gain for ourselves for the *future* by vivisections?? Let Mr. Bowman state in plain

words what human life or what human suffering will be alleviated by cruelty to animals? This is the point. Those who practise vivisection are the people to defend their performances, and if they have nothing but vague generalities and ill-judged strictures, such as Mr. Bowman utters in the words:—"Let the indecorum not be committed of dragging such questions before public audiences, for which they are quite unsuitable," they should at any rate find out to their cost that public audiences assist in law-making, and are not quite such dolts as "men of science" seem to think them.

The *Medical Times and Gazette* has had a very considerable cholera correspondence during the month, and it has opened its columns with great fairness to all sides of the question. The proposed testimonial to Dr. Richardson is advocated as follows:—

"The Richardson Fund will be, not a mere obsequious piece of flunkeyism, but a tribute from honourable, independent members of the Profession to an honourable, independent *confrère*, whose fertile ingenuity and restless appetite for work have furnished them during many years with food for thought and with practical means for the alleviation of suffering."

At a very influential meeting the following gentlemen were appointed to carry out the proposed excellent project:—

"*Chairman*: James Paget, Esq., F.R.S., London. *Vice-Chairmen*: Sir Thomas Watson, Bart., London; Sir Ranald Martin, London; R. Carden, Esq., Worcester; Dr. Brady, M.P., London; E. Clements, Esq., M.P., Shrewsbury; Dr. Symonds, Bristol; Dr. Sharpey, F.R.S., London; T. Paget, Esq., Leicester. *Treasurers*: Dr. Day, Stafford; and Dr. Sibson, F.R.S. *Secretaries*: R. Dunn, Esq., London; and R. W. Dunn, Esq., London."

We hope our medical friends will excuse a few words on this subject. This subscription *ought not to be confined to medical men*. Medical men of course as part of the public, benefit by Dr. Richardson's beautiful invention of local anæsthesia. But to how much greater extent does that great public benefit for whom and in whose alleviation all medical men will use this invention. Operations can be performed without *pain* and without *risk*. Surely the public that pays so very little in proportion to the magnanimous unpaid services of so many doctors, will not refuse a little of its substance to a man, who has not sought wealth, but who is poor in worldly goods, as he is rich in his wonderful power of applying scientific research to the alleviation of suffering. We trust that all our subscribers will become local committee-men among their patients and friends, and that the Treasurers may reap a golden harvest for Dr. Richardson through the kind instrumentality of his professional brothers.

The *Lancet* certainly carries off the palm for its cholera literature. We have heard the newsboys after an execution crying out "Last dying speech and confession, only true account!" Were the *Lancet* to adopt this method of advertising, it might with safety authorise them to cry out, "The best cholera literature for 7d., fresh every week." We think their subscribers have had enough of it, judging by ourselves. The conductors of the *Lancet* seem to have somewhat astringent proclivities, and the cholera book they affect is that of Dr. McPherson, late of the Indian Army. They raise a dismal whine over the late Warrant for the Naval Doctors, but we think the Naval Service has had enough professional sympathy and encouragement. We have heard enough about their grievances and would be glad to hear of their doing something towards the advancement of scientific medicine and surgery, a field that for them certainly contains some virgin soil. The politics of the *Lancet* are "neither here nor there," as Sairey Gamp would say. With reference to Mr. Hardy and the Workhouses, it says:—"It is in our judgment a rare piece of fortune for Mr. Hardy to have the opportunity of introducing a

measure which was nursed in its cradle by *leading members of his own party*" [!!! ED. MED. MIRROR]. We have already pointed out that Mr. Hardy is a very dilatory person indeed, and many newspapers have said the same, but the *Lancet* seems to look at matters with a peculiar *strabismus*, which many folks might be ill-natured enough to designate as "trimming."

THE EDITOR'S LETTER BOX.

A PRINTER'S DEVIL ON THE COST OF THE BRITISH MEDICAL JOURNAL.

To the Editor of the MEDICAL MIRROR.

SIR,—I am only a Printer's Devil, so of course I am no very great person. However, every man has his points, and I am glad to say that I have got mine. Of course, in special education, I don't come up to the "general practitioner," whom you are fond of talking about in your periodical. However, there is one thing that your friends, the "general practitioners," know little about, and that is "*printing*." What does the general practitioner know about *printing*, Mr. Editor? Why he knows nothing about it at all. I think, also, that London and Provincial medical and surgical magnates know perhaps as little, and perhaps less about it, than the general practitioner. Now, I expect you will want to know what I am driving at. It's just this. I wish to let daylight into some accounts that I see published in the *British Association Journal*, respecting that *organ* itself. I see a good deal and read a good deal, and I'm not very particular what I read, but you'll excuse me when I respectfully mention that the *British Medical Journal* is uncommonly *heavy reading*; about the heaviest reading I know of. They have a heavy subscription list which, in my opinion, ought to be able to pay for smart writing. I know as well as you do that smart writing isn't got for nothing, but what I say is this, they ought to be able to afford smart writing out of such a precious lot of subscribers. *Where does their money go to?* Now don't get riled up and put me down all of a heap by saying "Go to"—why of course it goes "*to the promotion of Medical Science and the maintenance of the honour and interests of the Medical Profession!*" I know that's where it's *intended* to go, but I don't myself see that printing a lot of addresses from gents at Branches, who seem to get up on their legs and spout for all the world like sucking members of Congress, is promoting the honour and interests of the Medical Profession. I see some of them occasionally say, "Oh, no!" I think it was Mr. Steele that said "Oh, no!" and then of course somebody said "Yes." I think it was Mr. Smith said "Yes." "Oh, no!" and "Yes!" look very nice all in a line to themselves, and very improving reading it is. It's for all the world like the *Times'* reports of those members' speeches that the editor wishes to come out strong. Those members that the *Times* is backing up (until they take it into their heads to back up somebody else). But this is neither here nor there, so I will return to my immediate subject. That *British Association Journal* might be an uncommonly powerful journal if it only condensed its reports of meetings, and had plenty of leading articles and some good reviews.

Paganini was very clever in making music off one string, but harping on one subject in literature is too much of a joke, and between friends, I prefer an ordinary violin player to a wonder on one string. The *British Medical Journal* goes on the same tack too long. Then there's a great deal too much of what you and I call "*scissors and paste*,"—not that I want to run down "*scissors and paste*," far from it. Scissors and paste save *brains*, and how can you expect a man, for a miserable £200 a year, to give his

best energies every week to any journal? That's what the British Medical Association pays its editor. Its sub-editor gets £50. I don't know whether he lives in London or not, but if he does, unless he dresses like a foreigner and never shows his shirt collar at all, he cannot wear much clean linen on that salary. I hope you'll excuse my freedom and my apparent vulgarity when I respectfully mention that *you medical men* are a *rum lot*. You are very kind and very benevolent to everybody but your *ownelves*. I need'nt tell you that I am a staunch admirer of the great Mr. Gladstone, and I have much pride in informing you that I am a South Lancashire man also, to which circumstance, perhaps, I owe my genius for figures. Mr. Gladstone said in his last great effort in favour of the Reform Bill that tripped him up at last, "Time is on our side." Now let me quote him in this, only it's the *other way on*. "Time is *against* me," so I must cut it *short* and go *straight* and *steady* at the *figures*, which I will then leave to the general practitioner to make the best of. Let us begin in a systematic manner with the receipts. Mind you I am writing the figures from their *own Journal* of the 11th August:

RECEIPTS, 1865. Balance from 1864, £243 15s. 8½d.; *Subscriptions*, £2,229 3s.; *Arrears*, £105; *Advertisements and Sales*, £656 9s. 3d.;

TOTAL, £3,233 8s. 11½d..

I think you will agree with me that their receipts are *pretty tidy*.

Now for their expenses: I am sorry to say that their expenses will not be copied off as quickly as their receipts, for there are a good many channels that the money runs out at—for all the world like a sieve, or the colander that my missis uses to strain vegetables through (and very nice she does 'em). However, this is a digression, which I hope you will overlook, as Mr. Gladstone even makes digressions, when he quotes from Latin books, and Mr. Gladstone is my model, *barring* the *Latin quotations*, which I *leave to him*.

Let us walk straight into the figures. Here they are. They speak for themselves:—

DR.		1865.—PAYMENTS.		
JOURNAL EXPENSES:		£	s.	d.
<i>Mr. Richards</i> (<i>Printing and Stamps</i>)		1,807	10	6
<i>Mr. Richards</i> (<i>Directing, &c., two years</i>)		100	0	0
<i>Mr. Honeyman</i> (<i>Office Expenses</i>)		103	4	6
<i>Mr. Davidson</i> (<i>Commission</i>)		63	1	9
<i>Mr. Orrin Smith</i> (<i>Engraver</i>)		15	16	0
<i>Editor of Journal</i>		200	0	0
<i>Dr. Henry</i> (<i>Sub-editor</i>)		50	0	0
<i>Contributions</i>		230	7	6
<i>Dr. Henry</i> (<i>Salary, for work at Office</i>)		50	0	0
EXECUTIVE EXPENSES:—				
<i>Secretary and Clerk</i>		167	0	0
<i>Secretary's Petty Cash</i>		37	3	2
<i>Branch Secretaries and Collectors</i>		30	4	9
<i>Leamington Reporter</i>		16	16	0
<i>Mr. Moore</i> (<i>Gold Medal</i>)		21	0	0
<i>Anniversary Expenses</i>		3	7	3
<i>Birmingham Stationer</i>		18	8	10
<i>Bank Cheque-Book</i>		0	4	0
		2,914	14	3
<i>Balance CR.</i>		318	14	8½
		£3,233	8	11½

CHARLES HASTINGS, *Treasurer*.

I am only a printer's devil, but Lord a mercy don't I wish I was a full blown printer. Wouldn't I like some kind medical gents to come down regularly to my office with a big cheque for £1807 10s. 6d. every blessed Christmas. Then to have another small bonus for *directions, &c.*, in the shape of a cheque for £100, every second year or so. Please excuse me if I say "My eye! wouldn't I like it just!" Then the office expenses are pretty stiff. £103 4s. 6d. are not picked up every day, and considering the *printer* is paid for *directing*, I don't understand what office expenses *are*. The poor engraver don't get much. I hope his bread and cheese don't depend on the *British Medical Journal*. I like engravings myself. That's why I read the *London Journal* which certainly has clipping engravings, all for "One Penny," as the Crystal Palace programme boys say. I suppose medical men don't care about engravings to elucidate their medical writings, for the public might then understand them, which I defy them to do at present owing to their crack-jaw words. The editor and the sub-editor seem to come badly off, but then they are assisted by *contributors* who get £230 7s. 6d. for their share. On the latter point I have to say nothing, except that the pages of the journal don't show value for the money the contributors have received. The secretary *who we know is the backbone of the Association* only gets £167, out of which he *has to pay a clerk*. I notice that for the *honour of the profession and its advancement in science* a gold medal to the value of £21 is *all* that has been done. With this exception, and a small balance of £318 14s. 8½d., *all the £3,233 8s. 11½d. is eaten up by expenses* of one kind and another. If this journal belonged to a private proprietor, would he be contented with the present state of things? *Of course he wouldn't.* What is everybody's property is nobody's business and must go to pot. Look at the poor shareholders of the Chatham and Dover Railway, or the Great Eastern Railway ordinary shareholders! Where is their dividend? No where. There is none. Where is the large balance that ought to result from a business-like working of the *British Association Journal*? No where. Yet such a balance would be very acceptable to the Medical Benevolent College or to the Medical Provident Society, which latter is languishing for want of support.

I suppose the members of the British Association know their own business best; but it does not seem to be a flourishing concern to your humble servant,

"A PRINTER'S DEVIL."

August 28th, 1866.

THE MONTH.

OCCASIONAL NOTES.

———— Mens sine pondere ludit.—PETR.

THE POLITICS OF THE MONTH.

As the *Times* truly remarked, in its epitome of the Queen's speech, the present political year, though barren of home legislation, has been most prolific of events. Greater changes than Europe has seen since 1815 have taken place within a few months and are still progressing. Among other important

changes, the overthrow of the house of Hanover is not the least interesting to Englishmen. The great family which sat on the throne of England for more than a century will, probably, be reduced to the rank of vassals to the King of Prussia, or will return to this country to assume the position of British noblemen. The Prussian successes are attributable to nothing but the needle gun, and it behoves us to see to our own army and its weapons, lest we fall into mediocrity or vassalage. France in her longing for the left bank of the Rhine, which is its ultimate ambition, put forth a feeler for a few towns and a little slice of territory in the shape of a civil message to conquering Prussia. But Prussia will give nothing to France, as compensation for its own enlarged and enlarging territories. The eagle-eyed ruler of the French is civilly putting up, for the nonce, with the Prussian rebuff. There is no doubt, however, that he will bide his time and that the Rhine will yet be one of the boundaries of France. Mr. Eyre, of Jamaica notoriety, has been entertained at Southampton by a few admirers. We think such gatherings are in very questionable taste, for Mr. Eyre has merely to thank the change of Government for the inaction on the finding of the Commission, which finding, if it has not led to impeachment, at any rate has lost him his place, which even a friendly government can not give back to him. A very large and influential meeting of Reformers at Guildhall has taken place under the Lord Mayor, aided by Mr. John Richardson, (who as once of Battley's, of the opium solution celebrity, we claim as one of us), and our respected friend, Mr. Baxter Langley. The disturbances created by outsiders, who connected themselves with the Hyde park reformers, are happily at an end. Our dockyards, ships and naval guns have occupied much notice, for it is strongly felt that in an efficiently armed peace, lies the only hope of England's future. Science, commerce and arts can only flourish and extend when preserved from envious and destructive foes. The lowering of the Bank rate has caused universal satisfaction, and as it has been based on the accumulating cash balances in the Bank of England there is no fear of any sudden revulsion. The Atlantic cable is now a successful every day fact which, as Lieutenant-Colonel, Dr. Cox said at the recent Chester gathering of doctors, "now unites like an umbilical cord the infant with its parent." Fenianism has been stamped out in great Britain, but in spite of President Johnson's friendly feelings to England we are afraid that Fenianism may yet disturb us, under a less firm and decisive President. The following is taken from the *New York Citizen* :—

"Let the President remember that hatred of England is not exclusively an Irish sentiment, for it is one enlisting the deepest instincts and rousing the noblest impulses of the American

heart. It is a national feeling throughout the United States ; and we think upon the action of our Government in this matter, will depend a vote which must be controlling in the general elections both of this year and the next presidential contest."

MEDICAL MEN IN PARLIAMENT.

AT the recent meeting of the British Medical Association, Dr. Mackesy brought forward a motion declaring that the present was a favourable opportunity for soliciting the attention of Government to the parliamentary representation of the Medical Profession in its collective capacity. The proposal was supported by arguments which were forcible to prove that it was desirable for the sake of the common weal that there should be Medical men in the House of Commons, but we are unable to find a single argument to prove that "the present is a favourable opportunity" for obtaining collective representation of the profession. Rightly or wrongly, the present Government have ignored all Reform so far, but even if under the pressure in popular opinion they are induced to be "better than their word" and do more than they promise, we do not see the slightest prospect of the representation of the profession collectively. Rival orators in the Houses of Parliament praise or abuse certain "classes," but the constitution knows nothing of "professions" or any other classes in their collective capacity. And what manner of men does Dr. Mackesy expect would be elected or be willing to serve if even he could induce Lord Derby to trample upon the constitution and ignore precedents? We may judge of these model men from the report in the journal in which he is reported to have said that "if it were practicable to return Medical members for some boroughs such members would try (!) to enter party politics *than which nothing could be more injurious to the profession.*" We wholly dispute the latter assertion and repudiate the notion that any man elected *as a Medical man* should be emasculated of all other opinions upon political matters. Such men would deservedly be looked upon as cyphers in the House of Commons, encumbering the ground which ought to be occupied by men capable of legislating for the whole people and not for any part—however worthy that part might be.

It is quite true that "interests" and "classes" are represented in the House of Commons but not by virtue of any recognition by the constitution. The railway interest, the banking interest, the landed interest, the manufacturing interest, the shipping interest, and a host of "movements" and "societies" are ably represented. How is this effected? The interests or movements

or associations adopt the present constitutional forms of procedure and resolve to get in their man *somewhere*. Having found a place where a good battle can be fought they put up their representative for a borough likely to accept his politics—on which the special interest leaves him free—and the interest helps him to fight the battle. Such men often serve the “interest” most powerfully because they can make their intellectual power felt in the arena of general politics. The Medical profession must adopt a similar course; no other is open to it. Dr. Tunstall’s proposal that seats in the House of Lords should be given to Medical Peers, though Utopian, is much more constitutional than that of Dr. Mackesy, for there is some plausibility in asserting that, because the law and the state-church have representatives there, medicine ought also to be equally enobled. Yet grave constitutional difficulties would arise here unless some special executive duty in the State were allotted to our medical peer as “First Lord of Health,” or “Lord President of the Queen’s Medical Council.”

We do not agree with Mr. Holmes who seemed to think that it was unnecessary to seek an increase of Medical Members in the House because Mr. Simon was at the Board of Health, and we believe that much good might be done were the members of the profession to exert themselves to secure the return of men possessing good medical knowledge and educated scientific opinion—no matter what their general politics might be—wherever they present themselves as candidates.

“WHO SHALL DECIDE WHEN DOCTORS DISAGREE?”

We have reason most devoutly to thank Almighty God that the cholera is on the decline. We cannot give the credit of any recoveries that may have resulted in the various hospitals to anything but the natural healing power which is implanted within all living beings. We say this advisedly, for we all know that the treatment adopted by the various practitioners has been as different as their names. What the *Saturday Review* terms, the “silly season” having set in, the columns of the *Times* have required a good deal of padding to supply their customers with the usual three penny-worth of reading, and accordingly they have opened their columns to the champions of the many modes of treating this disease, who have not been loth to supply cholera literature “hot and hot,” to a frightened public. Two great parties are evidently visible and on either side range themselves good names and clever people. A “Fellow of the College of Physicians” sings the praises of castor-oil and rhubarb, while a “Member” of that august body has proclivi-

ties for astringents. A "Scotch Physician," who is evidently an outsider, flings a stone into the camp, which will act as an apple of discord equally to both parties. The adherents of purgatives, who rally round the useful, if not cheering, castor-oil bottle, are not deadly enemies to the more exhilarating contents of the wine or brandy bottle, while the devotees of compound chalk powder are friendly to stimulants. The "Scotch Physician" therefore, who in the name of his country and his profession, protests against the use of wine and brandy, has not many followers. Opium again is a very sore point. Some think favourably of a little opium with perhaps a dash of dilute sulphuric acid as a corrective astringent for the looseness of the bowels, premonitory of cholera, while others say: Eschew opium like the gentleman in black. We think the general public which has had the pleasure or the pain of reading through the various "cholera letters" which have appeared lately in the leading journals have reason to say with Virgil "*Mille trahens varios adverso sole colores*," for there are certainly as many opinions in the medical profession as there are different colours from the sun. We do not think that the varying medical opinions in the *Times* will have increased the confidence of the public in their doctors' power of healing. There is only one way of reconciling these different modes of treatment and that is by regarding cholera as the twin-sister of intermittent fever. Malarious fever has its collapse, its hot and its sweating stages, in all of which different remedies are required, and in one of which (the blue stage of malarious fever) all remedies by the mouth are as useless as they are in cholera. As therefore we have no reason to doubt the truthfulness of the many observers who have treated cholera in different ways, and as we must give them credit for the usual modicum of common sense, and as all speak favourably of their own particular treatment, we must suppose that they treated different *stages* of the cholera fever. Cholera has assuredly different stages in common with ague, for its so-called consecutive fever is nothing more nor less than the usual reaction after the cold stage, seen and acknowledged in intermittent fever as a step towards recovery. The College of Physicians in its memorandum on cholera evidently relies (although it has not the candour to say so) more on the healing power of nature than on drugs, for we cannot consider "a plentiful supply of fresh air, and draughts of cold water" as specifics concocted in the secret laboratories of the Royal College of Physicians of London. In the cold stage of intermittent fever we have faith that the patient will come to a stage of reaction notwithstanding that the collapse may last for some hours. We therefore do not meddle much with the patient. We only support his strength and

check undue vomiting or purging, but in cholera we have apparently no faith in natural reaction and we hinder by our treatment the struggling natural force from righting itself. Both German doctors and doctors of Indian experience have recognised cholera as a *fever*, and we would respectfully ask the general practitioners of the kingdom to read impartially the various views of the very numerous writers on cholera and to test the merits of the various remedies by the touchstone of their common sense and by the result of their practice. Theory mongers are dangerous people, but the "working men" of the medical profession are competent to deal with them. We only ask for fair play for all, and we trust that those members of our profession who have tropical experience, and who assuredly have had the opportunity of seeing cholera in its native land may have an equal share of attention with those members of the profession, who, if occupying grander positions in the medical world, have had no opportunity of seeing cholera and malarious fevers in their cradle, although they have had the advantage of great leisure for fine theoretical writing in the secluded libraries of our venerable colleges.

THE 'LANCET'S' ROD OUT OF PICKLE.

The *Lancet* should be merciful, as it is strong. If it *has* got the medical profession in leading strings, it should not always show its power, or let the ropes be seen. It is unkind to the profession to reprimand it with such scathing satire in its powerful paper. If a man's wife scolds him in private, he probably does not mind it much, if she is wise enough to be respectful to him before company, but to be publicly scolded is very galling, and we offer our respectful sympathy to that Member of the College of Physicians and to those Fellows of the Colleges who have been guilty of writing cholera letters to the *Times*. Let them quote Horace to the *Lancet* authority:—

"Enough of thunder, mighty Jove,
Enough thy flaming arm hath thrown,
Enough hath torn the sacred grove,
Enough amaz'd the frightened Town !"

The conductors of the MEDICAL MIRROR are not unusually weak but even these men of iron winced with sympathy for the victims as they read the following paragraph in the *Lancet* of the 18th August.

"UNPROFESSIONAL ADVERTISING.

"During the last fortnight columns of the daily press have been filled with letters from medical practitioners upon the subject of treatment of

cholera and diarrhœa. The *character* of most of these contributions has been of a *kind* to preclude serious criticism. Emanating generally from writers who exhibit no less boldness in their assertions of success in treatment than obliviousness of important physiological facts, they would not deserve even the little notice which we intend to take of them but for two reasons. In the first place, the multiplication of those advertisements shows the existence of such an amount of small vanity scattered about the profession as it is rather melancholy to witness. In the second place, we see with infinite regret that a *Fellow of the College of Physicians* who does not, however, publish his name, has thought it not inconsistent with his position to join the ranks of those who have thus mistaken dogmatic assertion for scientific proof, and possibilities for ascertained facts. As a natural result, the undignified example thus set by one who, if he really be a Fellow of the Royal College of Physicians, should have known better, has been followed by others belonging both to his own body and to the College of Surgeons. And so we see, addressed to an audience utterly incapable of appreciating the points of argument, a discussion which can only tend to harass the public mind, and throw doubt and discredit upon the profession at large. It is perhaps useless to try to contend against the vanity which asserts itself by such a mode as this, but, in the interest not only of our own body but of the general public, the risk of failure will not prevent our protesting against the course. It is very likely we have all, more or less, something to say upon the great question of the day. It is quite certain, however, that those who are the best qualified to deal with the subject will refrain from the selection of a debating ground so very inappropriate to it. The subject, therefore, can never be properly ventilated in the columns of a non-medical journal, since assertions must necessarily pass uncontradicted, and fallacies remain unexposed, which in a suitable field would speedily find their proper level. It is earnestly to be hoped that we shall be spared in the future a repetition of such folly, and that the profession generally will confine the discussion of essentially medical questions to the arena which IS ALWAYS OPEN TO THEM—the columns of the medical journals."

This is, indeed, true satire. The just people of the *Lancet* are verily most terrible in their anger. How all the worthy members of the profession must sympathise with the wounded feelings which the wrath of such honest men betrays! The conductors of the MEDICAL MIRROR must confess to a little sneaking pity for the delinquents, a merciful, perhaps a foolish and an unworthy pity. They say:—"Is not their punishment greater than the victims can bear?" But the medical Jupiter of the *Lancet* is made of sterner stuff. He cannot help himself. If a man is clever and witty and sarcastic and fearful in his majestic wrath, and has a duty to perform, he cannot shrink from it. Scalpels must incise, and caustic must burn. Such are the laws of nature and of art. No emollients exist in that little office in the Strand, and though next door to a tailor's shop it doesn't take nine people to write one *Lancet* article. But to be serious, we hold the humble opinion that the public is much interested in the cholera question and is quite capable of understanding the points of the arguments, and our only regret is, that our brothers have not displayed more unanimity in their opinions. We do not agree with all the views expressed in the columns of the *Times* by the doctors, but we think their letters

are quite in their proper place ; moreover, they display considerable earnestness and not a little talent. We would, therefore, respectfully ask the medical Jupiter of the *Lancet* to imitate the humble cobbler in "sticking to his last," for we think he could find sufficient employment in his own sphere without attempting to take the reins out of the hands of the editor of the *Times*, who surely ought to know best what his readers like to see. Then again, medical men may guess the authors who conceal themselves behind these *noms de plume*, but we defy the general public to do so, therefore the charge of advertising falls flat to the ground. The only point that remains is this :—The *Lancet* says "It is earnestly to be hoped that the profession generally will confine the discussion of essentially medical questions to the arena which is always open to them, the *columns of the Medical Journals*." Aha ! this then is the real grievance, these letters would have enriched and given an ephemeral brilliance to the feeble columns of the *Lancet*. But because the *Lancet* has not been honoured by a cholera discussion it must needs bespatter the talented medical authors of the *Times* with a poor substitute for caustic, which in our humble opinion savours vastly of impertinence.

THE PROPOSED MEDICAL CLUB.

WE are not quite clear as to what earthly advantage this said Medical Club is to be to anybody. We know that it is to be called the "Sydenham," and that it is advertised to secure at a minimum cost "all the advantages of a modern club, with the addition of sleeping accommodation for extra-metropolitan members. The expression, "all the advantages of a modern club" is somewhat ambiguous, but we must confess that the next sentence is certainly more definite and decidedly more tangible, viz., "sleeping accommodation for extra-metropolitan members." Then again :—"Subscriptions to cease during absence on foreign service." This is the most tangible point of all. What, then, are the advantages of a "modern club?" In the first place it sounds well. Where are you going to dine? "Oh, I'm going to dine at my club!" There is no doubt about it: It sounds exceedingly well, and on this account alone it is worth 5*l.* 5*s.* entrance, and an annual subscription of 3*l.* 3*s.* Then again, one can read the papers, and that is a very vital point. Most decidedly, then, a medical club is much wanted. One of the many "advantages of a modern club" is that one pays a good deal more for one's dinner than one need do. This is a great "advantage" to a rich profession like our own. What a boon, therefore, the "Sydenham" will prove to the medical students of the metropolis! It is

well known that as a class they don't know what to do with their money. The "Sydenham" will prove an excellent medium for removing the plethora of their well-filled purses. Then as regards sleeping accommodation. Everybody knows that sleeping accommodation is most difficult to be obtained in the metropolis. The hotels have proved too small for the terrible influx of medical men that pour into London. Not more than 600 beds can be made up at the Charing Cross Hotel, for instance, while the Grosvenor is always full, and the Langham never has room. Although lodgings can be got in almost every other street, yet there are evidently not apartments enough, so sleeping accommodation will prove another great and inestimable benefit. Then if one is on foreign service, one pays nothing, and of course one gets nothing. The duties and advantages of the club are thus very clearly and pleasantly defined. It is not mentioned whether the entrance money is returned to those members who are on foreign service, or whether the said five guineas go to buy beds for the casual visitors to the metropolis. We think, however, that we have made out a very good case for the Sydenham. It will be especially valuable to those of our profession who are already members of a London club, and it is pleasant to think how cheerfully those of our body who subscribe to the various medical societies of London will at once contribute to this new undertaking.

But, joking apart, we feel that although there is a germ of good in the "Sydenham," the idea is crude and imperfect. We think that it has been hastily brought before the profession, and that a meeting of the promoters should be called to take into consideration the actual *requirements* of the profession. "Sleeping accommodation" would prove unprofitable, and it is moreover not required. The club also ought to have some definite *object*. The Carlton club exercises a very powerful influence over the class which supports it, and the Reform club is a tower of strength. *Esprit de corps* keeps up our Naval and Military clubs, and science sheds its quiet lustre over the Athenæum, but the Sydenham seems to promise nothing that an eating house could not give, or that a lodging house could not better supply. "Union is strength," and if Dr. Lory Marsh could manage to unite the Medical Chirurgical Society, the Medical Society, the Pathological Society, the Obstetrical Society, the Harveian Society, *et cetera*, under one common and noble roof, if he could give us—in addition to the advantages which these societies offer—some spacious rooms attached to them, where working, and reading, and writing members might have their frugal meals, we would at once join Dr. Marsh's scheme, and canvass others to do the same. But in its present form we see nothing either useful or attractive. It must either fail, if too pretentious in its aspirations, or it must degenerate into a model lodging house if it is to be fitfully supported by a needy profession.

ROUNDABOUT PAPERS.—No. IV.

“WILL YOU KINDLY ALLOW A FEE, SIR?”

THE law has at last sanctioned the payment of half a guinea to the medical officer who gives evidence at a Police Court, whether the case is “sent for trial” or not. At one time it was entirely at the caprice of the Police magistrate, who in a small way is a sort of autocrat, and who can make himself as obnoxious or as pleasant as he pleases.

The writer well remembers the urbanity and kindness of a certain Stipendiary Magistrate, of Liverpool, now promoted to a London Court, with whom, about ten years ago, he used frequently to come in contact. The law was then in this state: If a case went for trial at either Assizes or Sessions, the medical man, in addition to his guinea a day during the trial, was entitled to receive his half a guinea for each day's preliminary attendance at the Police Court. But for cases that received sentence at the hands of the Justices, nothing was legally due, except on the order of the Magistrate, who then had to be responsible to the unwilling paymasters of the medical profession. The worthy magistrate under notice was never afraid to take upon himself the responsibility of paying for the skilled evidence of the medical men, who so frequently, in the shipping town of Liverpool, were obliged to render service to the wounded seafaring community—and whose injuries were not infrequently the subject of legal investigation. “Will you kindly allow a fee, Sir?” was always met by Mr. ——— with the courteous answer, “Certainly—‘The labourer is worthy of his hire!’” This courteous and kind-hearted gentleman saw no reason why a doctor's brains should be used for the public service for *nothing*, any more than the brains of the lawyer. This latter class of professional men are certainly not behind-hand in charging for their services which although valuable enough in their way, are by no means more valuable than the services of the doctors.

“The labourer is worthy of his hire” is a maxim that the parsons are not slow to use, but it does not seem as yet to have become universal among the medical profession. Our popular preachers do not forget themselves when they finger the “ready-money” of their flocks. Pew rents, Easter dues, free offerings for the parson (the latter got up by zealous churchwardens), testimonials, purses of money, &c., &c., flow in to them freely enough. No, we cannot absolve either lawyers or parsons from a just desire to benefit Number One. The only down-trodden pro-

profession is the medical profession, and *the medical profession has to thank itself* for the treatment it receives at the hands of the public. Why should our noble profession be at the tender mercy of everybody? Why should our Poor-law doctors lead a life of want and slavery? The answer is plain. BECAUSE WE DO NOT HOLD TOGETHER. We bite each others heads off, we tread on each others toes, we trump up new treatments and sensational remedies to turn the bread away from the door of our neighbours and draw it to our own. The hospitals of London and the provinces are legion and everybody connected with the working staff receives some benefit but the doctors, who can least afford to lose anything. Yet the public believes most firmly that these appointments pay us *somehow*. Nobody of sense and of practical talent can believe in the soundness of unpaid labour, and therefore it is said: "*Well but, if he does'nt get paid by the Hospital, at any rate he gets paying practice through it.*"

This is a complete fallacy. NOT ONE PER THOUSAND cases seen at an hospital ever brings anything into the pocket of the doctor.

The medical service of the Lunatic Asylums of the kingdom is well paid, and the United Services have now but little to grumble at. Why, therefore, should we not in civil life work for the price of our daily bread? The Bishop of London has got up a Fund and has called on the Public for huge subscriptions to build churches and to pay clerical people. Do our successful doctors ever move their patients to pay anything towards the bread and meat of the struggling medical profession? If a professional brother succumbs and leaves a miserable wife destitute and a set of starving children, who is appealed to for succour? Not the public, which has used up the poor deceased, but his brothers in the profession. Let us give two cases in point, both culled from the *Lancet*, of the 18th August:—

"Pass not by on the other side."

AN urgent Appeal is made in behalf of a Surgeon, *who for more than twenty years has devoted his best energies to the duties of his Profession which have been chiefly amongst the Poor*. Last winter his health failed, but anxious for the support of a Wife and seven children (five of them girls), whose ages range from sixteen to six, he struggled on until a very severe attack of congestion of the lungs completely prostrated him, and for a while rendered his life uncertain. That, however, has been spared, and he has so benefited by a visit to the sea as to lead to the hope that if that visit could be prolonged he might yet be enabled to resume some of the duties of his Profession. His friends desire also to raise a Fund for the purpose of placing his Wife, who is exceedingly well fitted for such a task, in a position to take a few Pupils, thus enabling her to have some means of supporting her family, whether her husband should again be able to contribute to their maintenance or not.

There are many very distressing circumstances connected with this case which are well known to Dr. Jonson, of 12 Eaton place South, to whom reference is permitted to be made, and by whom Donations will be most

thankfully received, or they may be made payable at the *Lancet* office, 423 Strand, W.C.

£20 has been voted from the Medical Benevolent Fund.

Again :

TO the Benevolent.—In consequence of the sudden death of Edward Rogers, Surgeon, Stokenham, near Kingsbridge, Devon, his widow and little Boy, aged ten years, are left totally unprovided for. It is desired to raise a sum to enable her to open a Fancy Shop, as her health is too delicate to take a situation. Any sum sent to John Elliott, or F. D. Pearce, Surgeon, Kingsbridge, will be applied for her benefit.

August 14th, 1866.

The medical profession is not made of flint, and seeing the wretchedness of its neighbours, it puts its hand into its pocket, poorly lined with scanty fees and gives an offering, for “Do as ye would be done by” rings ominously in its ears.

Let us inaugurate a movement to determine to have our fair day's wage for our fair day's work. If we had remained firm and true to one another, such advertisements as the following would never have been penned.

BOARD of WORKS for the POPLAR DISTRICT.—Notice is hereby given that this Board will meet at the Board Room, East India Dock road, on Tuesday evening, the 28th day of August, at 6 o'clock precisely, to receive APPLICATIONS from duly qualified practitioners desirous of being appointed MEDICAL OFFICER of HEALTH for the north division of the district, comprising the parishes of Bow and Bromley. The medical officer will be required to reside in the district for which he is appointed, and will not be permitted to hold or continue to hold the office of medical officer to any Board of Guardians constituted under the Poor-law Act, and will have to perform all the duties required of a Medical Officer of Health in the various Acts of Parliament under which this Board from time to time may have jurisdiction. Salary £150 per annum. Applications for the office to be addressed to the Board of Works for the Poplar District, 291 East India Dock road, and to be endorsed “Applications for the Office of Medical Officer of Health.”

WILLIAM G. CEELEY, Clerk to the Board pro-tem.

Board of Works, 291 East India Dock road, August 16. 1866.

The gentlemen of Bow and Bromley can have but a poor estimate both of the medical profession and of the value of their own lives, if they offer in sober earnestness the pitiful sum of £150 per annum, as the sole remuneration for the services of a qualified member of the medical profession.

We trust that the time is not far distant when the general practitioners of the kingdom will awake to a sense of their own importance, and will commence a new and happy future for the glorious profession whose mottoes are Self-Denial, Martyrdom, and Truth. Let the medical profession combine to obtain its rights, and it will then be no longer necessary to supplicate for its just and lawful fees, in the words which commenced this paper, “Will you kindly allow a fee, Sir?”

THE MEDICAL MIRROR.

OCTOBER, 1866.

ORIGINAL COMMUNICATIONS.

ON THE PRESERVATION OF HEALTH.

BY THOMAS INMAN, M.D. LOND.

CHAPTER II.—ON MARRIED LIFE.

AN author frequently finds greater difficulty in arranging what he has to say, than to put it down upon paper when its proper place is selected. I have been no exception to this, and have hesitated long whether I would begin my remarks with the preservation of health in infancy and go upwards to old age, or begin at once *in medias res* and proceed thence to the extremities of life. At length, I determined to select the last alternative, and our scene opens upon a young married couple just entering their united career. Neither of them have faultless constitutions (for we do not now address ourselves to those folks of iron frame, who never have to think of health, and never require a doctor until he has to sign a certificate of death), and they inherit from one or both parents, or have unfortunately acquired for themselves, some tendency to disease. We will presume still farther that, though there is enough to "keep the pot-boiling," yet that it cannot be done without the usual amount of daily attention to business on the man's, and due attention to household matters on the woman's part. We will assume farther that our couple are affectionate and proper, taking due care of each other, and observant of small symptoms.

During the first few months of his career the husband will probably be conscious that he sleeps unusually heavily, after dinner he is more weary with his work than he used to be, and he begins to fancy himself *bilious*, has headache in the morning, indigestion in the evening, and some constipation of the bowels. He may too, at times, fancy that wine gets sooner into his head than it did, and reading small print at night costs an effort, possibly he learns, for the first time, that he snores heavily during

sleep. To overcome this biliousness, he takes a colocynth and blue pill, or some other concoction and enjoys a "good clear out." But somehow the biliousness becomes worse, and there are serious thoughts on foot as to who the family doctor is to be. The missis may probably want one by and bye, and she can judge whether she will like Dr. A. for herself by seeing what he is with the husband. It may be that the lady has become a convert to some accomplished homœopathic physician, while the gentleman has always sworn by Mr. B., the accomplished surgeon of St. Mangle's Hospital.

As the couple do not altogether agree upon this matter, the husband pours out his troubles to the individual whom we will call "his sensible friend," who talks provokingly of horses, and asks his opinion as to the course he should follow, and the medical adviser he should select. We can imagine the colloquy would continue thus : "Well, old fellow, you know you have already taken some pills to remove your biliousness, those were, I take it, ordered for you by Mr. B. and you say that they have not been of any service to you, and if Mr. B. were to see you now, he would only order the same kind of thing in a different dose, and when once you get a doctor into your house, you don't know when you will get rid of him. Homœopathy and its professors are just as bad as their neighbours in the last respect, though they have the advantage over the others in not raising your stomach by nauseous draughts. Never mind a doctor at all, use your own judgment ; and now that I look at you I can't help thinking of that wonderfully fine horse, Barclay's Entire. So superb a fellow was it, that it was more run after than any other in the racing stud, and the number of foals who owned him for father was "legion," but he got off his food, became weak in the legs, lost all his "go," was sent to the veterinary for repairs, and at length laid by in a paddock. I dare say you can guess the reason. I don't suppose that you, like it, have been indiscriminate in your affections ; but it seems to me, to use an old saw to a new log, that you 'have loved not wisely but too well.' Human beings are not like pumps which give a good can-full every time the handle is worked, and even if they were, some wells you know may be pumped dry. To follow up the metaphor do you not think that it would be well to try the effect of 'turning the tap off' for a time instead of going to the doctor ?" "You astonish me," would probably be the rejoinder, "I always heard that to indulge oneself alone or with a Midianitish woman was hurtful to the constitution ; but that with a wife one might indulge affection indefinitely, not only without hurt to the system, but positive good." "Quite a mistake, my dear sir, I assure you ; if you spend money on your wife, you lose it from your coffers as completely as if you had

squandered it on yourself or on any other companion. I have myself seen a young fellow who married at seventeen; he was a devoted husband and his love knew no bounds. But at twenty-four he looked an old man, and was very nearly dying in a hospital; but fortunately for him he met there some young doctor who divined the cause of his illness, and set him on his legs again." "But you don't mean to tell me seriously do you, that the excess you speak of can produce biliousness?" "Well let us see. Do you know anything of frogs and toads in spring, and how they die after fertilizing the female ova?" "No." "Well then, I'll tell you that they die from failure of living power, they have literally expended their own life on giving vitality to their offspring; in higher animals the result of such excess is shown in paralysis of the hind quarters. With man there are warnings ere such results appear, and those warnings are the symptoms commonly assigned by men to biliousness, dullness of head, hebitude of body and mind, indigestion, and constipation.

"It is quite true that Nature intended us to pair off in couples, and it is quite true that she has given to the stronger sex a greater amount of power than just what may be necessary to produce offspring, but it is equally true that the force may be exhausted, and that with that exhaustion will come disorders in one or more parts of the frame. The man who lives like a fighting cock and has nothing to do, but to enjoy life, may appear to have the wondrous vigour of chanticleer and exercise it without injury, but he, who has to toil for his living all day, cannot continue his exertions all night without losing his shine. This will certainly happen with those whose constitution is faultless, but if there is a flaw, if consumption be in the family, or insanity, &c., has been in the parents, the effects will follow more quickly and more certainly.

"Let me then recommend you throughout the rest of your life to use moderation in affection, I cannot give an accurate definition of the words I use, farther than to say that you ought to be unconscious, from your feelings, that you have indulged in love at all. Now, while young, you may have one scale, when advancing in years you will have another, but, whether young or old, mark my words, that for the preservation of health one of the greatest essentials in a man is, that he shall be very moderate both in bed and board." In "Foundation for New Theory and Practice of Medicine," I have given three cases in which asingle indulgence has been followed by almost instant death. The patients had consumption, hæmorrhage, and diabetes.

Leaving the colloquy as it stands above, I would add, that no one can neglect the advice given, with impunity, it is given not

only for the sake of men entering into life but for their wives also. Excess of devotion on a husband's part will produce leucorrhœa in the wife, sometimes menorrhagia, and occasionally, spasm of the muscle of the vagina of such painful intensity and persistence, that even walking is painful. The feeling of the majority of men—including I am sorry to say some doctors—is, that where power is evident by the change it induces in the organ, it may be harmlessly enjoyed, and that excess is to be judged of by the quiescence it induces. This is a grievous mistake, for indulgence induces a respondence to a far slighter stimulus than would effect it in health, and a continual desire is often the forerunner of an attack of acute mania. I have myself known three instances of this. In one the satyriasis was followed by suicide, in the second by homicide, and in the third by paralysis.

Presuming that a more careful attention to the exigences of health will soon restore our Benedick to health, we will leave him for a while, to turn our attention on his partner. She has, we will suppose, noticed that the "visitor," which has before regularly told her of the flight of months, has not appeared as usual, and *sa sage mère* has told her that she must prepare for those "coming events which cast their shadows before." She is now no longer a single being, with only her own body to provide for, and we will suppose that she experiences the ordinary inconveniences of pregnancy. Without personal experience, she consults her mother, if she have one, as to what she ought to do, and if foiled here, she talks to some matronly friend, or some knowing old woman. From one or all she may hear that morning sickness is peculiarly good for the baby, and that abundance of exercise during the period of its growth will make the infant come almost painlessly into the world, &c., under the idea, that because some savages suffer little during the process of parturition, therefore it is well for a civilised woman to emulate the ways of a Red Indian Squaw.

It is essential to comfort, and sometimes even to health or life, that a woman should understand the management of herself at this period of her life. Let us sketch her condition. She has within her a living germ, small indeed at first, but becoming at last of great size and weight. At first, the womb and its contents barely weigh two ounces, and do not exceed a lemon in bulk, at last they weigh little short of fourteen pounds, and sometimes more, and their bulk is about that of a common bucket, with this there is frequent sickness, loss of appetite or indigestion, which prevents the ordinary food being taken, so that the prospective mother has to carry her extra burden on deficient supply, at the very period when more than usual is required.

How is this case to be met? If we order more exercise than

usual, and encourage the vomiting it is clear that we must make matters worse. As it is, every time the wife goes upstairs she takes more exercise than she did as a virgin, and she becomes daily more distressed. Pain in the back wearies her, though she only goes through her household duties, it distresses her still more if she adds a long walk to them. Does not common sense dictate in such a case that the woman should pay more attention to herself than to the theories of others. Lying in bed an extra hour or two in the morning, resting much on the sofa during the day, and retiring to bed at an early hour will enable a woman to bear with comparative ease a pregnancy which otherwise would be a dreadful burden.

Exercise (or rather exhaustion for the two are too often synonymous), in the mother will make the fœtus unusually lively, and the distressed mother often passes a wretched night, from internal kicks, after spending a heavy day in shopping or marketing. The husband, while his consort is bearing his image, should be assiduous in sparing his wife from fatigue, while she, on the other hand, should spare her strength during the day, that she may wreath smiles for him while he does her work.

If a woman exhaust herself with exercise during pregnancy how can she expect to become fitted for nursing.

Here again let us apply to our equestrian friend and ask him if brood mares are expected, when in foal, to do the same work as when they were "fillies," or if it be more pleasing let us turn to scripture and the patriarch Jacob. He says when Esau tempts him to go with him "My Lord knoweth that the flocks and the herds with young are with me, and if men should overdrive them one day all the flock will die. Let me lead on softly according as the cattle that goeth before me, are able to endure." Genesis xxxiii. 13, 14. and again, Isaiah xl. 2. we read "He shall feed his flock like a shepherd, and gently lead those that are with young." Surely, what the farmer does for his beasts man should do for his wife, and if he value her health or she should seek to preserve her loveliness, there should be the same fostering care as is described above.

The gist then of our present chapter is to persuade the husband to be judicious in his affection and the wife to be gentle with herself. The author has a strong belief that health and happiness come together, and that fatigue and crossness are closely allied; a nasty speech will spoil a dinner, and a snarl will drive sleep from the eyelids. To preserve health then there should be cheerfulness in the home, not occasionally, but habitually, and this there cannot be, if at the end of every day the husband is exhausted and the wife is weary.

On the Internal Use of Chloroform in Intermittent Fever. From the *American Journal of the Medical Sciences.* By E. McCLELLAN, M.D., Asst.-Surgeon, U.S.A.

THE strong testimony adduced by Dr. Merrill, in this Journal for October, 1865, in favour of the free use of chloroform as an internal remedy, induced the experimental treatment of a number of cases of intermittent fever with it at Fort Delaware, the results of which are so satisfactory, that I feel impelled to add the following account of them to the mass of evidence already accumulated on the subject.

So early as 1832, chloroform was recommended in the treatment of asthma and scarlet fever; since which date it has been from time to time suggested in the treatment of a variety of diseases. The Dublin hospital reports abound in the record of cases treated with it; and the medical journals for 1854, especially, present such cases in great variety. In the *American Journal* for January of that year, the first extended observations on its internal use were published by Dr. Henry Hartshorne, of Philadelphia. In this paper he so accurately details the *symptoms* and *sensations*, with the *effects* produced by the internal use of the remedy, that, in addition to its merits as the first practical essay on this subject, it leaves very little opportunity for improvement or further observation.

In 1850, chloroform was asserted by Dr. Delioux, of Rochefort, to possess anti-periodic properties. He states, as his experience, that its power is considerable though inferior to that of quinia or arsenic. Although this opinion seems to have been confirmed by the reports of several gentlemen, there is no record of any extended observation made at the time to satisfactorily determine the fact; the reports, therefore, of Dr. Merrill are of great value in determining its specific action when administered during the cold stage of intermittent fever.

In the series of trials of which this paper is the record, it was determined to follow the plan recommended by Dr. Merrill. Chloroform was therefore administered, in all cases, in its pure state, the patient being directed to throw the liquid far into his mouth and to follow it immediately with cold water. In this procedure, alone, does the writer's experience differ from that of Dr. Hartshorne, who recommends that it be largely diluted; but though used as before stated, in no instance did any unpleasant results occur from its contact with the mucous surface. The dose given was a fluid drachm, and was administered as early after the occurrence of the chill as practicable. The immediate effects of its exhibition were, an agreeable sensation of diffused warmth; the subsidence of all pain; the termination of the

chill in from eight to fifteen minutes; a refreshing sleep of from one to three hours' duration; and the entire absence of physical prostration, and other distressing sequelæ of the ordinary paroxysms of this disease. In the majority of the cases treated, one fluid drachm was sufficient to produce the full effect; in a very few, one or more repetitions were required at short intervals. The majority of the cases treated were of the tertian variety, but few cases of quotidian having occurred.

The garrison of Fort Delaware, consisting of Batteries "K" and "L" 4th U. S. artillery, furnished sufficient material to test this mode of treatment. Company "K," having served as a light battery in the army of the Potomac, the officers and men were, from the commencement to the termination of the late war, exposed to the malarial influences of the country so often traversed by that army. Upon the cessation of active hostilities, this company was placed in garrison duty in one of the temporary fortifications on the Potomac. Here, in a very short time, the majority of the men were down with intermittent fever. Company "L" having served for three years in the tide-water districts of Virginia, and after the evacuation of Richmond, as a portion of its garrison, the men had suffered severely with the same disease. In October, 1865, these companies became the garrison of this post, and the appended cases were taken from the hospital reports.

CASE I.—Private R., Co. K., was admitted to hospital, October 29, 1865, upon which day he expected the occurrence of the paroxysm. The nurse was directed to notify to me immediately upon the attack. I found him in bed, shivering, complaining of severe headache and pains throughout his body—the cold stage fully established. A teaspoonful of chloroform was administered. In a few minutes he experienced an agreeable internal warmth; the surface of his body became less cold, and in seven minutes the chill had subsided; this was followed by a sound sleep of two hours' duration. When he awoke, he was, with the exception of a slight headache, perfectly well. A purgative dose of blue mass and colocynth was exhibited, followed by the free use of quinia, which completely arrested the disease.

CASE II.—Private L., Co. K., was admitted to hospital, November 2, 1865. This patient had suffered from intermittent fever at intervals during the preceding three months. He was emaciated and debilitated, liver torpid, spleen enlarged. He had been repeatedly under medical treatment, but without any lasting effect. On the 3rd of the month I found him in a severe chill, which had then lasted for some time. His physical appearance was that of one in a state of collapse; he complained of intense pain, especially in the abdomen; his skin was cold

and shrivelled ; his pulse was depressed. A fluid-drachm of chloroform was administered ; in five minutes his pulse became fuller, his breathing less laborious, and the pain of which he complained was subsiding—in fifteen minutes from the first dose—the chill continuing—it was repeated. By this the chill was promptly arrested, and in a short time he was in a sound sleep which lasted for several hours, during which his rate of pulse and external heat, were but slightly above the normal state. When he awoke he was perfectly relieved, and without the nervous prostration from which he had before suffered severely. He was placed upon a stimulating diet, and upon quinia ; under this he remained free from the disease until the 21st of the month, when, having imprudently exposed himself, he was again received in hospital in the first stage of the paroxysm. A teaspoonful of chloroform was again administered, and in ten minutes the chill was completely arrested. He remained under treatment until December 9, when he was returned to duty, having no recurrence of the chills.

On the 29th of December he was again admitted, and again the chill yielded to the influence of one dose of the chloroform. He was placed upon quinia and small doses of opium at night. This was continued for twenty days, when he was returned to duty, and has since been free from an attack.

CASE III.—Corpl. R. Co. K, was admitted November 13, having suffered for two months with intermittent fever. The paroxysm was a mild one, a teaspoonful of chloroform in seven minutes completely arrested the chill, and in one hour the paroxysm had subsided. There was no reappearance of the disease, until May 22, 1866, when during an absence from the post on a pass, he was, as he reports, taken with a chill, and was confined to his bed by the attack for ten hours. On the 24th, having returned to his company, and being on guard, he was, at 11 o'clock, a.m., again attacked. When brought to the hospital he had been but a very short time in the cold stage. A fluid-drachm of chloroform was administered, the chill gradually subsided and in twenty-three minutes was arrested. The patient, after a sleep of two hours, was perfectly recovered and has since had no return. On this last occasion the dose was not repeated, in order to note the gradual reaction produced by the remedy.

CASE IV.—Corpl. S., Co. K. who was admitted on the 28th of May, had the previous day a severe paroxysm of intermittent fever, attended with great prostration, excessive vomiting, &c., and from the effects of which he had suffered for nearly twelve hours before my attention was called to the case. He was so much prostrated as to be confined to his bed during the 29th, and every precaution was adopted, if possible, to prevent the repetition of the chill on the following day. At 8 o'clock, a.m.,

on the 30th he was again attacked ; the chill commencing without any premonitory disturbance, and being attended with all the signs of violent congestion. A fluid-drachm of chloroform was administered, which, however, was ejected from the stomach in a few moments ; nausea and vomiting having been the earliest symptoms of the attack. In fifteen minutes, no cessation of the chill having taken place, the dose was repeated and partially relieved the nausea and vomiting. In twenty-five minutes, the chill continuing, the dose was again repeated and was followed by the subsidence of the chill. The febrile symptoms came on with vigour. The pulse became full and the eyes suffused. He complained of great headache, no desire to sleep, an inability to compose his mind, great restlessness, and a constant sensation of nausea. These symptoms continued for upwards of two hours, after which they gradually subsided. He became composed and his mind hopeful, the only remnant of the late attack being a slight nausea coming on at intervals. The repeated doses in this case produced no inclination to sleep, nor did he experience, beyond the nausea, any of the other symptoms which often follow the excessive use of narcotics. In the evening of the same day he was dressed and moving around the ward. He was placed on full doses of quinia during the subsequent twenty-four hours. On the morning of May 31st, another paroxysm appeared accompanied with the same aggravations as in the previous attacks, though with a marked diminution in their severity. A fluid-drachm of chloroform being administered, the effect was prompt and most satisfactory. In twenty minutes the chill was arrested ; the patient was shortly in a sound sleep, from which he awoke with no other traces of his illness than nausea and headache which lasted for several hours. This paroxysm was followed by a slight attack of gastritis, which yielded readily to treatment. He was again placed upon the use of quinia ; and the disease has been thus far arrested.

CASE V.—Private H., Co. L, who had been subject at intervals during the past eighteen months to returns of intermittent fever, was admitted May the 26th, while under the influence of a chill which had commenced at 10 o'clock a.m. A fluid-drachm of chloroform was administered in twenty minutes after the onset of the rigors. The chill was arrested in a few minutes, and the paroxysm had disappeared at 12 o'clock m. On the 27th he was again attacked, the chill occurring 9.30 a.m. He was treated as on the previous day, and at 10 o'clock a.m., the symptoms had entirely subsided. On the 28th the chill recurred at 11.35 a.m., and under the same treatment had disappeared at 12 o'clock m. In this case the chills were decided in their characteristics, although of no severity ; and it is notable that in each of the three attacks the second and third stages of the

paroxysm seem to have been obliterated by the action of the chloroform.

CASE VI.—Lieut. S., attached to Co. K, who had served for several years as an officer of the English Army in India, where in 1851 he had several severe attacks of intermittent fever, was seized with a paroxysm October 22, 1865. His case presented the usual aspect of the disease, but of no unusual severity. A fluid-drachm of chloroform was administered; in twelve minutes the chill had subsided, and the patient was in a sound sleep, which lasted about three hours. When he awoke, the attack was exhausted. After a free use of quinia the patient remained exempt from the disease until May 20, 1866, when he was again attacked; chloroform was administered with the same results, since which time he has not suffered any trace of the disease.

CASE VII.—Private T., Co. L, had been subject to intermittent fever for four months previous to his admission, April 30, 1866. This man was much debilitated by tertiary syphilis, for which he had been under treatment a length of time. On the 31st the chill began at 4 o'clock a.m.; a fluid-drachm of chloroform having been administered, the chill disappeared in ten minutes. During the sleep which followed, the febrile stage occurred with much severity; but, upon the subsidence of the fever, the patient awoke free from all unpleasant symptoms.

In all, thirty-two cases of intermittent fever have been treated with the internal use of chloroform. Those reported are the only cases which have presented points of any interest beyond the cessation of the chill at from five to fifteen minutes after the exhibition of the remedy. In no instance have the slightest unpleasant results appeared. My experience in this respect accords with that of Dr. Hartshorne, that the internal use of chloroform is not attended with the dangers which sometimes attend its inhalation, and that it is a narcotic of the mildest, and yet most powerful character.

The argument afforded, in behalf of chloroform as a remedy in intermittent fever, by the consideration of the reported cases of Dr. Merrill and of the results of its employment in the cases here described, is not that chloroform exerts any antiperiodic influence upon this disease. It is that, without depressing or deranging the nervous force, the internal use of chloroform distributes the effect of this antispasmodic agent on the nerve centres, and thereby obviates for the time the depressing influences of the disease. Hence the benefits derived by the patients are,—1st, That it materially shortens the duration and abates the depressing action of the paroxysm. 2nd. That, by being delivered from the physical prostration which must otherwise accompany the attack, the patient is rendered more amenable to treatment for the radical cure of the disease.

RE-ORGANISATION OF THE ARMY MEDICAL DEPARTMENT.

By A "MODERN ATHENIAN."

THE long protracted struggle in the far West, and again the convulsive changes which have so suddenly agitated and altered the whole centre of Europe, have forcibly directed the attention of every nation to its martial organisation. With peculiarly English honesty and bluntness our great organs of public opinion have not hesitated to expose and lay bare to the world our own weaknesses and shortcomings. At no previous period of our existence as a nation was it so necessary for us to be the impersonation of armed peace as at present. When we gaze around and see how, in a few short days, kingdoms and empires have crumbled and disappeared, it behoves us all diligently to inquire how such wondrous results have been achieved, and a heavy responsibility is incurred by those in authority if they fail to adopt, or still better, to improve upon those systems of military organisation which we observe issuing out so triumphantly from the searching furnace of actual warfare. For years past public attention has been directed more and more towards the army. The formation of volunteer corps throughout Great Britain has familiarized most of us with soldiering and given us an insight into military details, of which previously we were lamentably ignorant. Every year, also, we have noticed that the Budget proved that we were spending on our troops, &c., sums of money far in excess of other nations, and that we had less to show for it, and, nevertheless, with all this expenditure, the fact was glaring us in the face that the Service was daily becoming less and less popular, so much so that only recently a commission has been appointed to inquire into the cause of the rapidly failing supply of recruits. Whatever may be the opinion formed by this commission, it is useless mincing the matter, our troops are ill-paid, and their wretched pittance is constantly reduced by vexatious and petty taxes or "stoppages," as they are technically styled, and the men are harrassed with all sorts of useless drills and parades, and in peace, or at home, not the slightest attempt is made to render the labour of the soldier profitable either to himself or to the state. All these points interest us as citizens, but as professional journalists we would confine our remarks now to the Army Medical Department, and to the vital defect of its present organisation, an organisation which, tested on the smallest scale, is found even at home to work most unsatisfactorily, and which, on an extended campaign, would most inevitably result in a break-down even more disastrous than

occurred in the Crimea. We do not anticipate that our words will meet with a ready assent from the authorities, for the unfortunate influence which, no doubt with the best intention, induced the adoption of the present system, is still predominant, and we greatly fear that the splendid examples which have been held up to our view, will be allowed to fade away from our sight without comment, much less an attempt at imitation. Our duty, however, is plain, when for a moment we allow ourselves to contemplate the fearful consequences that must inevitably ensue, should Providence, in her inscrutable wisdom, plunge this nation once again into another European conflict, a faint glimmer of hope encourages us to trust that our words may not be altogether ignored by some thinking head and willing hand of authority, who may so change our present unsatisfactory aspect of affairs that, when the time arrives, the care, attention, and comforts supplied to our wounded soldiers on the field of battle, and our hospital administration generally, may mitigate in some slight degree the horrors of warfare, and mark us out as a nation still holding, as we have ever done, the foremost place in the spread of civilization and humanizing influences.

Looking back a few years, it would appear that the medical officers of the army never had any real authority or power, and that after the Crimean *exposé* the brilliant idea was hit upon of nominating special officers to look after the doctors, or rather to carry out the duties which should invariably devolve upon the medical officers. Listen to the words of Dr. Home, V.C., the field-surgeon with the army in New Zealand during the late war :

“The truth is that all real responsibility rests with the medical officers for everything connected with the care and treatment of the sick or wounded men, and this responsibility they cannot shake off ; to give them responsibility without power, that is, power to order the purveyor as much as a military man orders a commissary, is unjust.”

Even at home, matters are as bad as they can be. Supposing the surgeon of a regiment wishes to have a man removed from his barracks to the hospital, a requisition must first be sent to the colonel or commanding officer, the colonel sends this to the Brigade-office, from the Brigade-office it arrives at the orderly-room of the Military Train, from whence it eventually finds its way to some subaltern officer in immediate charge of the ambulance waggon—fancy the delay caused by all this ; why, in a case of cholera, the man would probably be dead before the requisition had gone half way through its travels. That some military authorities do see the folly and danger of this circumlocution and red-tapeism is evident, for in the recent order issued at Woolwich in anticipation of an outbreak of the prevailing epidemic, ample means of transport were placed at the disposal of the medical officer on duty. It would almost appear as if it

was desired that the military doctor should become simply a sort of animated prescribing machine.

It will hardly be credited that at some of our largest military establishments at home, patients have been ordered up, sent to bed, removed to different wards, directed to perform various duties by commandants, governors, captains of orderlies, and nurses, without even the simple courtesy of communicating with the medical attendant. Our experience of large hospitals is sufficient to detail, were we so minded, instances of positive cruelty, resulting from a studied disregard of the medical officer's wishes. Let us quote the following lines from a most wonderful book, the production of which reflects the very highest credit on the Medical Department of the American Army: we wish, by the way, that the worthy editors of our own Blue Book could imitate a little of the smartness of their American confrères in bringing out this work—two years behind time renders all our people have got to say rather antediluvian. Describing the hospital organisation of the United States army, Mr. Woodward, of the Surgeon-General's Office, writes as follows:—

“They differed, too, from the hospitals of other nations in being under the command of medical officers, instead of placing at the head of establishments intended for the treatment of disease and wounds, *officers of the line*, who, whatever, their other accomplishments, could not be expected to understand the requirements of medical science, and who, with the best intentions in the world, might seriously embarrass the action of the surgeon, *as was sadly the case in the Crimean war, and has been since in the English hospitals*. Our Government, with a wiser discretion, made the surgeon commandant of the hospital, and thus, while holding him responsible for the results of its management, put it into his power to do much to make those results favourable.”

Considering the hospital establishments of the United States Army amounted in the aggregate to 136,894 beds, it must be allowed that ample opportunities were offered for testing the validity and efficiency of their administration, and that it resulted in the most complete success, the splendid Circular, No. 6, issued immediately on the conclusion of hostilities, from the Surgeon-General's office, is the strongest guarantee. How rapidly the shrewd mind of the American surgeon perceived the corroding ulcer which is perpetually gnawing away into the vitality of our Department, is clearly instanced, one single visit to our model establishments must have sufficed to show him how all absolute controlling power lay in one case in the hands of a very polite, but at the same time rather feminine and inflated old gentleman, and in the other, of a man who had as much idea of the requirements of sick men as a cow. The medical officers on their own ground—to borrow a racing phrase—were nowhere.

Deputy Inspector-General Gordon, C.B., describing the very

satisfactory results of the hospital administration at Tein-Tsin during the last China war, writes as follows :—

“ Fortunately for us, no Governor was appointed, nor was a functionary of this description needed. The drawback of our present system of administration is, that it is frittered away through too many ‘departments’ already, and in the present instance no inconvenience whatever arose from the want of what is called a ‘military head.’ ”

This medical officer, whose extended experience in the field entitles his remarks to be received with respect and attention, and whose recent work on “ Army Hygiene,” is a thoroughly practical, and most useful vade mecum for the army surgeon, further points out how strongly the French medical officers in China objected to their system of the “intendance,” of which ours is simply a bad imitation.

Let us now turn our attention elsewhere, and see how these matters are carried on in the model army of the day—the army which, measured by the favourite English rule of success—should be perfect in all its details.

The hospital administration of the Prussian army is centred solely in the hands of the medical officers.

The Medical Director of the army is responsible for all the arrangements connected with the sick and wounded. Under his orders stores are supplied, hospitals organized, transports obtained, medical officers detailed for special duties. In the field he is practically on the personal staff of the General commanding, and being kept as much as possible informed of intended movements, &c., he is enabled on all occasions to act in concert with the chief authority. In the Prussian Army, the presence of sick and wounded with an army is an acknowledged reality, and regarded as an integral part of the force, as much as a battery of artillery or a commissariat train. No exertions are therefore spared to render the hospital administration as perfect as possible ; the whole charge and responsibility is, therefore, most wisely left in the hands of those whose education and training has best fitted them for ascertaining what is necessary and what is useless for sick and wounded. The Prussian Government has so little fear that the Medical Director will abuse his power, that the officers of the hospital train are placed under his orders. In the Prussian army the surgeon of a corps has no fear that when the moment for action commences, his efforts will be paralysed by the shortcomings of half-a-dozen different “departments.” If he wants transport his professional chief supplies it at once ; if stores, or medical comforts are required, the same authority issues them at once. If a hospital is to be established, there is no assembly of purveyors, quarter-masters, engineer-officers, and generals—the principal medical officer gives his directions, and the thing is done.

What sad reflections must pass through the mind of the ardent lover of his profession and his country, when he compares the able, intelligent, liberal and satisfactory working of such a system, with the present state of our Department—a Department which is too much, we fear, looked upon as an unnecessary evil—a sort of morbid growth on the body of the army—a thing to be concealed, kept down, compressed in every way, and if possible, utterly ignored. Is it then, surprising, that with the spread of education, and the large fields open to men of energy and abilities, that the better class young aspirants of our profession carefully shun the portals of a service where individually they are exposed to the caprice of some petty martinet, and where collectively their exertions to maintain the true value of their scientific attainments and practical experience are opposed by the *vis inertia* of red-tapeism and a depressing regime.

On the very threshold of a young man's entrance into the service, he observes the anomalous position held by his senior professional officer, coming fresh from the Metropolitan or other schools, where he had always regarded with the highest esteem and attention, the teachers whom he saw on all sides holding their proper social status untrammelled by governors or superintendents—he finds that the officer who should be the head of the establishment which he is entering, a mere cypher—*vox et præterea nihil*. Ask any of the senior medical officers of the army the result of this, and they will all unite in telling you that it has engendered an unhealthy spirit of insubordination throughout, the younger members of the Department fostering an antagonism always too prone to arise between the so-called combatant branches and the members of the medical service, and promoting a distaste for their duties, more or less openly expressed and evinced.

It is this system of lowering the whole social and professional status of the Department in comparison with the other ranks of the army, that is the *fons et origo* of the wide-prevailing and deep-rooted discontent which at present riots throughout the Department. The following extract, from Dr. Gordon's last work on "Army Hygiene," betrays plainly a very strong feeling on this point—political propriety alone restrains him from expressing himself in more unequivocal language :—

"The Medical Department organizes and superintends the equipments, supplies of all kinds for, and manner of disposal of, the sick and wounded of a force. It moreover watches over and suggests measures for the protection of the health of the whole, and in addition to these important functions, ministers to the wants of every individual when necessary. It is, therefore, illiberal and unfair to endeavour to depress the position of a Department which performs any one of the above-named functions to a lower social level than another. Each conduces in its own way to the

success of the whole, and while each is ever ready to perform the particular duties for which its members have undergone particular training, it is invidious and detrimental to the interests of the service, that duties of equal importance should obtain different degrees of recognition, and be held in different degrees of estimation.

"I challenge any man who has been in a position to entitle his opinion on the subject to weight, to disprove the assertion that the duties performed by medical officers during active service, are in importance quite equal to those performed by any purely military officer of their own rank."

There is one other point to which we would, by the way, more especially desire to call attention, because we have on several occasions heard the Department twitted as being one of the most expensive branches of the service ; in other words, that the medical officers are so handsomely remunerated, that they can afford to put their pride on one side whilst they pocket the money : let any one consult the Annual Estimates, and then they will observe that under the head of Medical Establishments nearly £6,000 is voted for the pay of governors, captains of orderlies, and the multitudinous staff required by these worse than useless appendages of the Department : it comes to this, either the country is saddled in the most unjust manner with this extra burden, or the medical officers are simply robbed of their fair honest earnings.

The limits of this article will not allow us to develop our own or any fair scheme of re-organisation, the details of such would occupy too much time and labour, and possibly weary the generality of our readers. We can only jot down the various points which strike us as most important and as deserving of most consideration.

Performing duties of a military character all over the world, and acting as our army does, as a sort of colonial police, and scattered here and there in comparatively small detachments, it could only be in war time or at home that our hospital administration could be entirely assimilated to the practice of those continental armies most worthy of imitation ; but we possess advantages enjoyed by few other nations, inasmuch as our foreign stations might be converted into training grounds of unexampled perfection, wherein to exercise the ability and ascertain the efficiency of individual members of the Department.

In the first place the authority of the Director-General should be absolute ; to him, and to him alone, should each individual member of the Department look up for instruction, encouragement and support. It has even been suggested that the Director-General should be a Member of Parliament, ruling over a distinct and independent branch of the War Office, and going out with his party ; to this we do not assent, as in troublous times grave constitutional questions might arise detrimental to the well-being of the service, and we must ever remember that our mission is

not to sow the seed of discord, or aggravate foreign quarrels by fomenting domestic dissensions. With the present constitution of our army the Horse Guards must to some degree maintain a moral influence over the Department, but that should cease at the point where it interferes with the liberty of action of the Director-General. As all official acts of importance receive the sanction either expressed or implied of the War Office, the orders and instructions of the Director-General would, *de facto*, emanate from the War Secretary, but be untrammelled by the Horse Guards. Under the Director-General should be placed the Purveying Staff, with the Army Hospital Corps, and that a very rapid and economical change would immediately ensue, no one in the slightest degree acquainted with this extravagant, useless, and obstructive piece of military mechanism, can have the slightest doubt.

Were it not that the estimates are a guarantee for the fact, few would credit the enormous expenses attendant on the present purveying system.

If you set a thief to catch a thief, and you pay the first thief twice as much as the value may be of the articles which you fear may be purloined by the second thief, it is clear that either way the transaction is not a profitable one to you. If the purveyors were instituted to check the expenditure of the medical officers, it is very evident that they cost the country a great deal more than they can save; if, on the other hand, the Purveying Department was erected on its present footing to assist the medical officer, it has signally failed in so doing; the most intelligent and honest members of that department confess themselves that it is impossible for them to avoid more or less obstructing the easy and satisfactory working of any hospital.

In Dr. Gordon's last work, to which allusion has already been made, with reference to this very point, we read as follows: "Dr. Home, V.C., states that he never saw a purveyor *in the field*, and that in order to avert an otherwise inevitable breakdown, medical officers took charge of purveyor's stores *among their own private baggage*."

The Army Hospital Corps, or the men who act as sick attendants, are under the orders of the Commandant at Netley, and yet report is made monthly of their character, abilities, and efficiency to the Director-General. These men are bandied about from one station to another without the slightest reference to the medical officer. We have seen a surgeon, away on a few days' leave, come back to find his hospital sergeant relieved and gone. There are some remarkable exceptions, but, as a rule, these men are worthless and inefficient—sporadic members of a service possessing no officers to look after their comforts or well-being—without *prestige* or *locus standi* in the army, is it surprising that

the defaulter's sheets of these men are well filled up and highly coloured with red ink?

These men should form a corps as completely under the orders of the medical officers as the men of the Commissariat Staff corps are under the Commissary staff officers. No difficulty has been found in obtaining Commissary staff officers, or officers of the storekeepers' department to command the men of the corps attached to their special branches of the service; what is there then so peculiar in the medical officer that he is not even allowed to look after himself? The authorities might look round and see that there is now more than one officer who entered the service as an assistant-surgeon, but who after some years of service in that rank, elected to change into the so-called combatant ranks, these officers have not in any way made themselves remarkable by their extreme inaptitude for command, on the contrary, one of them is acknowledged to be a remarkably smart and dashing cavalry officer.

The Director-General is assisted in his duties by three medical officers, representing respectively the heads of the sanitary, statistical and medical branches of the Department. Under our revised scheme it would be absolutely necessary, that the Director-General should have by his side another medical officer to act as his Adjutant-General. This officer would relieve the head of the medical branch of a vast amount of most onerous and trying work, work which admits of no delay, but which seriously interferes with the more special duties of his post. That all these duties have been most successfully carried out by the present able superintendent is no argument against us, it is merely a testimony in favour of the administrative abilities and unwearied assiduity of Dr. Crawford. That the number of officers of the inspectorial ranks is too limited is self evident, the absence of officers of this rank from various stations in India is felt most bitterly, more especially at the present juncture. But appointments to this rank should be most carefully made, though strongly opposing the system of promotion by selection, which must always carry with it a powerful element of favouritism, we would as strongly object to the reckless advancement of men to important administrative posts whose antecedents have tested their utter incapacity and extreme unfitness for such positions.

As the Commander-in-Chief has it in his power to veto the appointment of an objectionable officer to the command of a regiment, so should the Director-General be permitted to oppose the promotion of a Surgeon Major to be Deputy Inspector-General, and it should be thoroughly understood that a senior officer thus passed over had no further hopes of advancement. How many of these stumbling blocks and hard bargains now

stand at the top of the tree, those officers well acquainted with the Department can easily enumerate.

With the increased powers and immense responsibility which we propose should devolve on the administrative branches, it would be absolutely essential for the proper working of the Department, that none but good men and true should hold inspectorial rank.

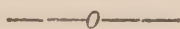
And now we come to the purely executive officers of the Department, the Surgeon Major, Surgeons, and Assistant Surgeons, and here we fear our remarks will, in some measure, offend a rather large body of men who prefer basking in the borrowed light of military association than taking an active and prominent position as devotees of a speciality, but there is little doubt that all the younger and abler men whose opinions have been matured by the experience of four campaigns in the Crimea, China, India, and New Zealand, have arrived at the conclusion that the present regimental system is an error. Do not let us be misunderstood. We are confining our remarks solely to individuals. We are not alluding in any way to hospital establishments.

Look at it merely from a pecuniary point of view. What a burdensome tax on the medical officers is the change of uniform alone following removal from one regiment to another. Again, how many medical officers have been detached for months, nay years, from their regiments, and yet liable all that time to the mess subscriptions of their corps. The moment a medical officer is appointed to a regiment, he has two masters to serve. We know too well from experience how attempts of this nature usually succeed. No; if ever we wish to see a thoroughly united, hard-working, honest Department, we must have the medical officers of the Army—Guards even included—(the small edge of the wedge has already been inserted here), composing one corps, as distinct and separate from the other branches of the service as the artillery are from the line, or the engineers from the cavalry; then and then only will the Director-General be enabled to have his instructions properly carried out, a healthy system of discipline will be maintained throughout all ranks, and we shall have to notice none of that disgraceful shirking of duty which is but too prevalent at many of our large garrisons, and to remedy which the principal medical officer is powerless; for how can he interfere with the assistant-surgeon of the Royal Artillery, who throws in his teeth the excuse, "I was out this morning with my battery," or with the surgeon of cavalry, who apologises for some neglect of professional duty, by the fact that his commanding officer required his presence in the orderly room. And what causes a more widespread feeling of discontent than to see one man literally doing nothing, and

another worked off his legs, merely because one happens to be in a regiment, and the other on the staff? Let the principal medical officer have the entire medical arrangements under his control at each station, and let it be his duty to see that no man is overworked at the expense of another.

But the advantage resulting from this change, which we feel assured will most commend itself to the War Office authorities, is the immense amount of saving it would inaugurate in the number of medical officers and hospital servants. Take, for example, any of those dreadful scenes of waste and extravagance, the consolidated hospitals, of which there are so many at home. What do we find? A building or buildings to accommodate on the average about 250 sick, with a kitchen and dispensary. In these buildings are located the sick of two forces, or perhaps six different corps or bodies of troops. The kitchen and dispensary are common to all; but each regiment has its own surgeon and assistants; its own hospital sergeant, and its own orderlies. Possibly, one regiment is remarkably healthy, and its hospital staff are comparatively idle, with several of the orderlies doing nothing; while the hospital servants of the other regiments are possibly overwhelmed with work. What would they say in civil life—say at St. George's Hospital—if there were two matrons, two stewards, two secretaries, and in fact, a complete and separate hospital administration for the medical and surgical division of the hospital? Fear may be entertained that too great a reduction in the medical staff of the Army would be courting the inefficiency on active service, which we are so desirous of avoiding. Not so. Our proposal now is one that not only provides for an indefinite extension of the Department at a moment's notice, by the accession of any number of experienced officers, but at the same time opens the door to the solution of the difficulty which at present so embarrasses the War Office authorities. We allude more especially to the question of retirement of the seniors and promotion of the junior medical officers. We desire to form a sort of medical army of reserve. Allow any officer of fifteen year's full-pay service to retire, say on 12s. 6d. a day, with the understanding, that should war break out, he must be prepared to rejoin at any station to which he may be ordered; this liability to extend over a period of fifteen years. If an officer has completed twenty year's service, let him go on £1 a day, on the same conditions, limiting the liability in his case, however, to ten years. These officers would be, as it were, seconded, coming in, if required, exactly in the same position in the Army List as when they left. Should any of these officers refuse to come in again on full pay, such objection would be at the risk of a marked reduction in their retirement—say 3s. 6d. and 4s. 6d.

respectively. None of our proposals, however, should in any way have retrospective action. We know how lovingly many able and worthy men regard the regimental system, and there are some who have known for years no other home but their regiment ; others, too, have expended large sums of money in the attainment of their position. The unconditional and abrupt removal of any of these officers would be cruel, not to say unjust. Those who study the Army List know also too well, how rapid are the changes of names in its columns. An alteration of the system of hospital administration, &c., commencing from a certain date, would carry its fulfilment within a very few years without injury to anyone. Independently of all other considerations, it would be politically a false move to create a body of malcontents who would naturally oppose, in every possible way, the new state of affairs.



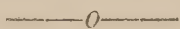
ON SUPPURATING GANGLIA.

By J. CHEESE, M.R.C.S. Eng., Stokenchurch, Oxon.

At the latter end of October, 1865, E. B., a girl, aged sixteen years, came under my notice, as parish medical officer, suffering from a very ordinary looking ganglion upon the dorsum of the left wrist. She had been in service as maid-of-all-work at a few miles distance, and attributed the formation to a blow received a few weeks previously, and she was compelled to leave her situation from inability to perform her duties, owing to the pain in her arm. The tumour had already been treated with tr. iodini co. externally, and I, in routine, tried blisters, pressure, &c., without any beneficial effect, the ganglion continuing to increase. It was now—middle November—semi-spherical, with a diameter of about two inches, and was constantly in much pain. Not liking its appearance, I advised her removal to Oxford Infirmary, where she remained six weeks, and was discharged as cured early in January, 1866. She then had an ulcer upon the site of the ganglion, about the size of a shilling piece, with thickened, indurated edges, discharging a little pus and some synovia. While at Oxford she had the tumour laid open, the contents being, she told me, chiefly clear, white stuff.

Shortly after, a similar tumour began to form upon the corresponding part of the opposite wrist, which ran a course similar to the first one, poultice and moderate pressure being substituted for the early treatment of its fellow. At this time, the twenty-fourth tumour, all being of similar character, forming upon various tendons and discharging chiefly synovia, is forming upon the external surface of left arm, just below the elbow. The

intermediate tumours have been placed upon the upper arms, buttocks, knees, and ankles. The first one has not healed, but most of the others have. They leave very little impairment of muscular action, and some of them have been almost free from pain. She has not menstruated for twelve months. I have treated her generally with tonics—especially now—and quinine, with occasional alteratives, and the most liberal diet I could obtain for her. She has been generally healthy, but a scrofulous history pertains to the family. A medical friend of mine informs me that he had some years ago a similar case in a man who, while undergoing treatment, suddenly fell one day, grasping his femur, which was found to be the unsuspected seat of malignant disease. Is the synovial fluid the seat of disease here?



ON RESECTION OF THE KNEE-JOINT.

By M. NELATON.

(Abridged from *Le Mouvement Médical*.)

At the beginning of last March, M. Nélaton meant to perform an excision of the knee-joint, and, therefore gave a clinical on the subject. The disease, which was of long standing, proved more extensive than was anticipated, and the operation was obliged to be altered to amputation through the thigh. But some of M. Nélaton's remarks may prove interesting to surgeons in England, which is, as it were, the cradle of this operation.

He says that, speaking generally, excision of the knee-joint is an operation slightly less severe than amputation through the thigh. This proposition has not always been agreed to by French surgeons, nor indeed, by those of other countries. In England, indeed, and in Germany, the reverse has long been believed, and for a long time the operation was hardly ever practised. Statistics and experience were alike wanting. But in a well written memoir by M. Lefort, we find an account of 217 cases of this operation, done in Germany, England, and America. From this, it appears that resection has furnished a mortality of 29 per cent., whilst in France and in Germany, amputation in the thigh always proves fatal in about 50 per cent., and in not less than 45 per cent. in England. So far, resection manifestly has the advantage. We must not, however, be too much dazzled by this striking discrepancy between the fatality of these two operations. Account must be taken of the accidents consecutive on resection. When the thigh is

amputated, and the stump cicatrised, all is generally over. But after an excision, when the patient appears well, there may remain sinuses, and abscesses may form, which may become sources of danger, and sometimes necessitate amputation. In resection, it is intended to obtain ankylosis between the long surfaces of the femur and the tibia. In some subjects this never takes place, so that a flail-like and inconvenient limb may result, which may even require removal. Here, then, we have two accidents of resection of the knee-joint, of which it is indispensable to take account, and these occur in barely 6 per cent. of the cases. This raises the percentage of failures to 35 or 36 per cent. But this is not all. We must look at the object to be attained. In performing excision of the joint, we wish to preserve a useful limb; and no doubt can exist, that when the operation succeeds, the member retained is far preferable to a wooden leg. When the bony surfaces are united, so as to form a long lever with the trunk, the walk is far better than with any mechanical appliances. Let us just glance at some of the results of this operation. They prove very attractive. In one of the first cases (Park's), it is said that his patient could almost run. He was a sailor, and could even go aloft, and could walk seven or eight, or even ten miles easily. He was exposed to great risks, and several times near death, and yet bore all, without damage to the leg. Other cases reported, although not quite so wonderful, are yet exceedingly satisfactory. M. Nélaton then considers the various methods of operating, and gives the preference to the semi-lunar, or horse-shoe incision of Mackenzie. As a rule, he would not take any more than two or three centimetres (three-quarters to a little over, one inch English) of the femur, and as little as possible of the tibia; it is better, he says, to gouge the latter than to saw off too much. He recommends the patella to be retained, unless much diseased. If but slightly so, it can be scraped. He next reviews the apparatus used for retaining the bones in apposition during healing, and thinks that there is still room for improvement here; for in France, resection of the knee-joint has only been done eight times. Of these, five cases were fatal and the remaining three were not very great successes, the femur projecting in front, and the tibia bulging behind, the patients walking badly, no doubt owing to a defect in the apparatus for the after-treatment.

M. Nélaton says, in conclusion, that he believes resection of the knee to be a good operation. According to him, it is, too seldom done in France, and perhaps a little too often in England.

W. B. WOODMAN, Trans.

REVIEWS AND NOTICES OF BOOKS.

Quid Romæ faciam ? mentiri nescio : librum,
 Si malus est, nequeo laudare, et poscere : . . .
 Nec volo, nec possum :—

Juvenal, Sat. iii., ver. xli., &c.

- I. *On the Treatment of Asiatic Cholera.* By ARCHIBALD BILLING, M.D., A.M., F.R.S., Author of "First Principles of Medicine." New Edition, Revised. 8vo. John Churchill and Sons, New Burlington street.
- II. *Cholera and its Treatment.* By WARREN STONE, M.D., Professor of Surgery, University of Louisiana, U.S.A. (*New Orleans Medical and Surgical Journal.*)
- III. *Epidemic Cholera ; its Mission and Mystery, Haunts and Havocs, Pathology and Treatment, with Remarks on the Question of Contagion, the Influence of Fear, and Hurried and Delayed Interments.* By a Former Surgeon in the Service of the Honourable East India Company. Crown 8vo. Pp. 120. Carleton, New York. 1866.

WE have been much honoured by receiving Dr. Billing's pamphlet for review. It is superfluous for us to remark that Dr. Billing has a world-wide reputation, and that for twenty-five years he was a respected teacher at the London Hospital. Not only as a professor and as an examiner in medicine is Dr. Billing celebrated, but as a very distinguished author, an author whose writings rank among the classics of Medicine. It is therefore with reverence that we listen to his opinions, which are not new, but which have successfully borne the test of experience through many cholera epidemics.

Dr. Billing throws the weight of his name and reputation on the side of those who consider cholera to be *a species of fever*, and he most truly says that "*it would be difficult for any person unacquainted with the phenomena of fever and ague properly to understand this subject.*"

Fever and ague in England is not only a rarity, but it is seen in a mild form. We must travel eastward and westward to see it in its strength. The seething plains of India and the vast tracts of America, with its forests and river-beds are the cradles of algide fever, and until our recent professors of medicine have been on their medical travels, we cannot consider them as equal to the task of elucidating the pathology of cholera. Sir Thomas Watson, a Cambridge graduate, inclines towards the

eliminative school for cholera, which allows the extraordinary resemblance between algide fever and cholera to pass by unnoticed, but Dr. Billing, an Oxford graduate, is the champion of the fever doctrine. Dr. Billing is the senior of the two distinguished medical teachers, and is in no respect inferior to the recently made baronet. It has been the aim of the Conductors of the MEDICAL MIRROR to place before their readers not only *English* "Cholera opinions," but the opinions of Indian and of American observers, and we have to thank Messrs. Trübner and Co., of Paternoster row, the eminent American and Continental publishers, for the facilities they have allowed us for bringing the newest American literature before the profession. For the last two books at the heading of this review we must especially thank them.

A great deal has been written on Cholera; our contemporaries, both lay and medical, have abounded in cholera literature. Yet, although so much has been written and said on the subject, the profession has not made up its mind as to what course of treatment may be considered as offering the best chance of recovery to the sufferers. We cannot help considering that those of the profession who regard cholera as a fever, to have found the *true clue* to its nature and successful treatment. Eliminatives may be useful in certain of the varied stages of the cholera fever, but no one, not even in the eliminative champions themselves have any hope that eliminatives will *cure*, or act as a *specific* for cholera.

Those who believe that cholera is an algide fever have every hope that a specific and a cure may be found. *Reaction* is their watchword, and they will not be content until some drug shall be found which shall offer to the cholera-smitten the same extraordinary help that antiperiodics offer to the algide fever-smitten. The eliminative party trusts to purgatives for the cholera collapsed, and ignores the striking resemblance which cholera collapse bears to the algide fevers, so common in India and in those vast and sparsely inhabited districts of America, where civilization has not yet chased away the vapours of malaria.

A poisoned nervous system—so terribly in abeyance that the involuntary action of the circulation is arrested—is considered by them to be best refitted and renewed for the battle of life by having the blood which feeds and supports it drained of its nourishing principles. The emunctory, or "straining off" action of the kidneys, so conservative for the blood, is ignored, while the action of the bowels, destructive in its extraordinary efforts, efforts caused simply by the pouring out of a serous discharge through an arrested circulation, is lauded and encouraged. Who is there, even of the eliminative theorists, who would wish to

increase the ascites of a patient suffering from heart disease? But yet their teachings with reference to cholera are as manifestly incompatible with reason. Would they not rather repair the valves of the heart and restore the circulation, and with it the happy medium between an excessive and a defective secretion?

While cholera collapse is acknowledged by all to depend on the cholera poison arresting the circulation, no one can deny that thirty stools per hour are an element of danger, and that it must require a considerable vital force to withstand such a terrible drain, even *without* the poisonous influence of a state of cholera collapse. The weak point in the practice of the eliminative school lies in their advocacy of *mild* purgatives. If they consider purgatives to be really useful at all, let them use something that has a prompt and a sufficient action. But mild purgatives betray a diffident weakness in practice which, while giving to the public something sufficiently homœopathically sensational, at the same time allows them to hide behind the violent purgative efforts of Nature, which their *MILD* remedies neither increase nor hinder. Were the mild eliminative men to say that they left their cases to the "healing power of Nature," they would, in our opinion, be more candid and less disingenuous."

Dr. Billing's most lucidly written pamphlet is well worthy of his great reputation. It has been brought out at a time which is most opportune. His name cast in the balance of medical opinion will assuredly weigh down the trembling scale. Dr. Billing once more emphatically declares his conviction that *cholera is a fever*, and he bases his treatment on the natural and common sense practice of restoring the circulation by those emetics which naturally stimulate the nerves of the *primæ viæ*, and at the same time re-establish the latent emunctory functions of the kidneys. We hope the working men of the profession will read the able pamphlet of Dr. Billing and judge for themselves.

Dr. Warren Stone is Professor of Surgery in the University of Louisiana and enjoys among his American confrères, a reputation equal to that held by the late Sir Astley Cooper. Dr. Stone is not a man who has risen to his present eminence by virtue of hair splitting theories and long winded and argumentative disquisitions. He is a man of great research, a profound scholar and a hard working and untiring student in surgery and anatomy, while an extensive practice in the varied climate of America, among the civil and military population has fitted him in a peculiar manner for teaching his professional brethren.

The subject of cholera has excited equal alarm and excitement among the American public as it has done with us, and cholera literature has been equally plentiful. In the same way

that Dr. Billing has set his mark upon our cholera literature, in like manner has Dr. Warren Stone for the Southern States of America, settled the vexed theories of cholera. He says: "It so happened that my professional life, and the cholera in this country commenced together, or in the same year; and many incidents came under my observation calculated to throw some light on its character and pathology. The history of the disease, from its first appearance in the East; and its progress through Europe, and finally through this country, has been sufficiently written upon. The public also, is well informed upon the thousand theories, and the varying and contradictory treatments that have been set forth by eminent authority. *I will therefore, confine myself simply to what I know, and to what I believe* Is cholera contagious, and can it be shut out by quarantine? I am satisfied that it is not personally contagious, and cannot be excluded by quarantine. I think, though, that the filth and excrements of cholera patients in a confined space, will generate the disease." Dr. Stone then relates his personal experiences of cholera in many parts of the United States both North and South, and also on board ship. He conclusively shows that cholera "cannot be fenced out and is not personally contagious," yet that the "*accumulated filth*" of cholera in "*confined space*" will generate it. Thus, a searching inspection into the condition of vessels entering the ports is absolutely necessary. The very general opinion in Europe, that the poison is contained in the excrements, I think is true, but *not to the extent* that many represent. It has to be *concentrated* and confined to produce effect; and with strict care, cleanliness and ventilation, cholera will never spread by *contact*. It is not singular that the world is so full of opinions and theories, considering that it is so difficult to get at facts and so easy to draw upon the imagination." He says with reference to the *causes* of disease "that we know nothing of the *essential character* of any epidemic or contagious poison. We can only appreciate effects, and through them form some idea of the pathology. Scarlet fever, measles, and small-pox, and even plain vulgar intermittent fever are all equally obscure as to cause. . . . As all these morbid agents are intangible, it is as reasonable to suppose that the direct impression is made on the nervous system in many cases as on the blood." . . . The influence of epidemic poisons is best counteracted by keeping up the powers of innervation and the most vigorous state of the system. This course at best has no preventive influence against contagious poison, and although a vigorous subject may sustain its effects with more safety, it often appears that the puny and impoverished subjects more frequently escape its influence. The effect of cholera on the nervous system is *analogous to that of the mias-*

matic atmosphere producing a stasis of the capillary circulation ; and this condition, in cases brought about by the two causes, is benefited by the same means. The direct impression of the cholera poison is, I think, upon the nervous system. Some ingenious writers fix the impression upon the sympathetic nerve, by which they account for the congestion of the lungs, and the want of the decarbonization of the blood. But this view is merely imaginary, and adds nothing to our stock of practical knowledge. The nervous system is a unit, and it is inconceivable that so secure a portion as the sympathetic should alone be affected by a general cause. There is some mystery in the nervous system. Some nerves are voluntary and some are involuntary ; but there is good reason to believe that the nerve force is the same whether transmitted through the sympathetic or spinal nerves. I have dissected very faithfully and have seen the effect of many wounds on the nerves ; and I am satisfied that the spinal nerves are as strictly organic nerves as the sympathetic." He then goes on to state that the most important thing with reference to cholera is to *prevent* it, as indeed is the case with all diseases. Quarantine and hygiene will lessen the danger of an epidemic although it cannot *arrest* it. The system must be kept vigorous and the vital force conserved. He then tells us that next in importance to preventing the cholera is to have a clear and sharp outlook for its very earliest symptoms, But this part is too important to be given in any but his own words : " What are usually termed the *premonitory symptoms* of cholera or cholerine, *are in reality the cholera* ; and the DESTRUCTIVE *rice-water discharges bear the same relation to this disease, that black vomit does to yellow fever.* . . . In its early stage it is easily warded off or the severer symptoms are prevented." . . . " I have likened cholera to miasmatic disease, and the resemblance is, in many respects, striking."

We must remember that Dr. Stone is no mean authority on American disease, and we must also recollect, to quote another American physician (Dr. Garrett) that ague, with its complications and aggravations, presents a peculiar variety of compound affections which indeed may be termed "*the great endemic*" of the southern, middle, and western portions of the United States. It is therefore easy to be understood that a physician who has seen both cholera and algide fever can appreciate to a much greater extent the extraordinary resemblance between the two diseases than those of our British physicians who have perhaps never practised beyond the shadow of the dome of St. Paul's. It is for this reason that we have given a prominent place to the writings both of American and Indian observers. We consider the voices of the practical men from the Eastern and Western Hemispheres, where " malaria " is rampant,—especially

valuable to the working practitioners of the British islands. In the premonitory stage, Dr. Stone recommends quinine. It is then readily absorbed. He states: "quinine operates in these cases on the nervous system almost as effectually as it does in warding off congestion from miasmatic causes. In the fall of 1848 when cholera appeared I was lame from rheumatism, so that I could not ride, but I gave advice to many families. I advised them to watch carefully and if any member had derangement of the bowels to send him to bed; and my medium prescription for adults was fifteen to twenty grains of quinine, eight to ten of calomel, and two to three of opium, made into six pills. One every hour or two until all symptoms subsided. No deaths occurred among the families although the epidemic was severe. Animal broth and a little brandy may be useful. *If the disease has advanced further, and the discharges are copious and exhausting*, astringents are proper, and moderate use of opiates may be resorted to. Among the astringents, I think kino is the best. It can be given freely without any injury to the mucous membrane, and it restrains the discharges more than any of the other vegetable astringents. I have never seen anything but increased distress to the patient from any of the heating and stimulating substances that constitute so many cholera remedies. Calomel I have seen used from the dose of a quarter of a grain to half ounce doses. The small doses are useful in *this* stage of the disease, and I think has more curative effect than anything else. The half ounce doses do not deserve a comment. There is a condition of the mucous membrane even in the collapse that calomel operates favourably on. . . . Half or a whole grain of calomel dropped on the tongue every half hour or oftener until ten or twelve grains are administered, often relieves the vomiting and fæcal discharges and leaves a favourable condition compared to that left by healing stimulants. . . . Ice water to drink and ice water to the surface is not only the most grateful remedy, but it favours re-action more than all the internal and external stimulants that can be applied. This picture presents great similarity to *congestive fever*, which re-acts under the use of cold water. Dr. Fearn, of Alabama, I believe, was the first to bring it into use, and its value was generally recognized but the disease (congestive fever) gradually died out as the country grew old in cultivation, and few of the younger members of the profession have any knowledge of the old fashioned *algide* or *congestive fever*, and consequently *cannot appreciate the analogy between it and cholera in the blue stage.*"

If this can be said of the doctors practising in the more cultivated portions of America, how much more forcibly does it apply to the doctors who have never practised out of London,

but who yet are considered by some to be the leaders of medical opinion! Dr. Stone gives in graphic words a scene with a cholera patient who was in deep collapse, and who recovered under the use of cold sponging and local cupping. The cold sponging was so grateful to the feelings of the patient that he cried "Oh, Doctor, that is so good!" Dr. Stone has practised this cold sponging with the greatest success, and he continues it as long as it is grateful to the patient's feelings. He says: "I have tried the application of cold water in different ways and I think the sponging is the best method of administration. I have placed the patient in a bathing tub and poured buckets of water over him, and then rubbed him dry with manifest advantage, but the process is fatiguing and exhausting to the patient and cannot often be repeated. The wet sheet answers well in some cases. I think it is well to indulge patients during the collapse in the free use of ice water. The patient's cravings are so morbid, that it may be necessary to use *some* restraint; but I have known cases that were abandoned as hopeless, and on being allowed, *in mercy*, by their friends to gratify themselves with ice water, they re-acted and recovered. At first, the patient would vomit as often as the stomach became a little fuller, but this tendency to irritability slowly abating under the soothing influence of ice, the vomiting and thirst gradually subsided. There is something peculiar in the state of the nervous system, which cannot be well appreciated. One thing, I know is certain, and that is, that nerves cannot be tortured into the performance of their functions any more than heretics or rebels. The torture of counter irritants, hot applications and burning things in a stomach that is *already suffering the sense of heat*, only serves to intensify the disease and confirm the collapse."

Dr. Stone adds the following remarks which are especially weighty and important as coming from a celebrated professor of anatomy, and they are calculated to give a most severe blow to the fine spun anatomical theories for which, rather than for practical reflections, our London school of medicine is so notorious.

"I have said nothing of the pathology of cholera, except the allusion to the nervous system, because it has *no anatomical character*. All that is observed after death is *accidental*, and depends very much upon the previous treatment and the stage in which death takes place. The mistake in the treatment of cholera is a common one. The disease is a huge one, and it is thought that *powerful remedies in enormous doses* are necessary to combat it, without considering that the patient has as much to bear as his system is capable of, and that it takes but little more to turn the scale against him. *Nature intended men to die*

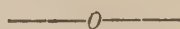
of old age, and a large majority, unaided by medicine, can weather the plagues, yellow fever and cholera, and all other plagues; and if the rest were aided a little, a large portion of them also would stand out against disease."

Here we cannot help being struck with the remarkable unanimity of opinion that exists between Professor Maclean, of the Army Medical School at Netley, and Professor Stone of Louisiana University. Both advocate the preservation of the natural vital force, for the conservation of which, in all diseases, the accomplished Drs., Inman of Liverpool, and T. K. Chambers of London, have laid such stress in their lucid and eloquent writings.

Dr. Maclean, familiar with cholera and algide fever, and Dr. Stone, also familiar with both, and with yet another variety of congestive fever, in the shape of the dreaded yellow fever—both condemn strong and active treatment. Dr. Stone winds up his wonderfully practical and most able paper by again reverting to the fact that the very earliest symptoms, both of yellow fever and of cholera, are most tractable and most amenable to treatment, and that we must not wait for our cases of cholera till we see our patients in deadly collapse.

The third author under notice writes from the Northern States of America, under a Persian signature. He has Indian experience, from having served under the mild and generous rule of the late East India Company. This gentleman does not believe in the personal contagion of cholera, but considers that cholera moves in the form of a vast volume or field of poisoned air. He considers that it passes in tracks, to be accounted for by the prevailing winds. He tells us that the treatment of the premonitory stage is simple enough. "Cholera is the time of failing forces, and the tide of circulation that is going out, and it waits for no man." He employs a mixed treatment, according to the stage of the fever. He calls quinine his great gun, but he also uses castor oil, emetics of salt and red pepper, opiates and local heat, according to the stage of the disease, and according to the principles of common sense. He quotes from many authors, including Dr. James Johnson, who has so clearly pointed out the exciting influence of emetics on the circulation. He gives a capital history of the disease. The author under notice is a very effective writer, and we most heartily concur in the following remarks:—"Epidemic cholera, like the plague and the yellow fever, is a main branch of the universal sanitary commission of Almighty God, armed with Herculean powers, to turn a river of death through the Augean stables of the world's filth, and lewdness, and drunkenness, and ignorance, and waste, and in the name of the King of Terrors, to compel from purple and fine linen, and sumptuous fare, a

trembling recognition of their mortal brotherhood with nakedness and starvation and pitiful squalor. . . . Epidemic cholera is a famous scourer of consciences as well as sinks—a masterly whitewasher of hearts as well as sewers, a potential disinfectant of “shoddy” and “petroleum,” as well as garbage-moral as well as Medical Inspector-General to the King of Kings.”



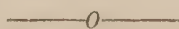
- I. *A Manual of the Operations of Surgery, for the Use of Senior Students, House Surgeons, and Junior Practitioners* (Illustrated). By JOSEPH BELL, F.R.C.S. Edin., Lecturer on Surgery, Assistant Surgeon Royal Infirmary, and late Demonstrator of Anatomy in the Edinburgh University, &c., &c. Edinburgh: Maclachlan and Stewart. London: Robert Hardwicke. Pp. 267. Crown 8vo.
- II. *Surgical Appliances and Minor Operative Surgery* (Illustrated). By THOMAS ANNANDALE, F.R.C.S. Edin., Lecturer on Surgery, Assistant Surgeon to the Edinburgh Royal Infirmary, late Demonstrator of Anatomy in the University, &c., &c. Edinburgh: Maclachlan and Stewart. London: Robert Hardwicke. Dublin: Fannin and Co. Pp. 246. Crown 8vo.

THIS manual of the operations of surgery has arisen from a cause that at first sight might appear to be the very reason for not bringing forward anything new on the same subject. This book, then, has appeared not by reason of the paucity of our surgical volumes, but from the very plethora of surgical literature. It is to act as a beacon or as a thread for the guidance of students and junior practitioners in the maze of surgical writings. This excellent “Manual of surgical operations” is a key to the entire subject, for which the student may feel grateful to Mr. Bell. The medical student has most naturally found a difficulty in choosing his authors, and neither his time nor his means have permitted him to peruse each surgeon’s monograph as it has issued from the press. In these days of special and departmental surgery it is indeed a difficult matter to recommend to students any single work that will tell them the best operations in every department at a glance. A house surgeon must always be on the alert and prepared for any and every emergency; but a house surgeon is human and must needs refresh his memory, and he cannot always have a library at his command, nor time on emergencies to consult it, were one even handy. We therefore hail with the greatest pleasure this short yet able and complete work on operative surgery, a subject of such transcendent importance both to patient and practitioner.

Mr. Joseph Bell informs us that his aim has been to describe as simply as possible those operations which are most likely to prove useful, and especially those, which, from their nature, admit of being practised on the dead body. Although he lays no claim to any originality and merely hopes for notice as a faithful compiler and as a judicious selector, yet we consider that no small amount of originality is displayed in his lucid and pithy remarks. Then again the author excuses himself for the "northern proclivities" which crop out here and there in the selection of operations. We think no apology is needed from a scholar and teacher of the great Edinburgh school of classical surgery. The concise brevity of the style is modestly termed baldness by Mr. Bell. Like a practical man he has aimed at producing a work within reach of the student's pocket, which could not have been accomplished had he attempted a modern "Dictionary of Surgery." The book has four good plates clearly showing the lines for ligature of arteries, excisions, and amputations. The wood-cuts are thirty-one in number and are mostly original. The arrangement is simple and therefore good: Chapter I. gives Ligature of Arteries.—II. Amputation.—III. Excision of Joints.—IV. Operations on Cranium and Scalp.—V. Operations on the Eye and its Appendages.—VI. Operations on Nose and Lips.—VII. Operations on Jaws.—VIII. Operations on Mouth and Throat.—IX. Operations on Air passages.—X. Operations on Thorax.—XI. Operations on Abdomen.—XII. Operations on Pelvis.—XIII. Tenotomy. Every surgeon of eminence will find his name and his practice mentioned in this book, which may be termed *a perfect epitome of surgical opinion*. We are glad to see that one of our best and most painstaking London surgeons and anatomical demonstrators has received at the hands of a brother surgeon-demonstrator a just tribute to his excellent method for the radical cure of hernia. Mr. Wood has certainly set his mark on the surgery of hernia, which Mr. Bell has not been slow to acknowledge, in his necessary reference to Mr. Wood's well known treatise on the subject.

We must now proceed to notice Mr. Annandale's unpretending little volume. We do not wish to enter on any discussions as to the relative merits of Mr. Christopher Heath's book and Mr. Annandale's. Mr. Heath has the merit of priority, if that is a merit, and we suppose it must be and a very vital merit too, for the question of priority in starting a theory, or in bringing forward a theory, is a constant bone of contention and the cause of much heartburning in the profession. We can only say that Mr. Annandale has ably followed Mr. Heath's lead, and has done for Scotland what Mr. Heath has done for England in the matter of minor surgery and bandaging, &c. Puzzled house

surgeons have reason to be thankful to Mr. Annandale for his book and the very excellent engravings in it. The chapters and engravings on bandaging and fractures could not be surpassed. But the description of the stomach pump looks something like a problem in Euclid, for more is said about the instrument and its mechanism than about the knack of passing the tube into the œsophagus. We think that a rather more graphic description of this little but yet important operation might not have been out of place. The importance of depressing the tongue and of pushing the left fore finger towards the pharynx as an assistance to the surgeon in passing the tube might have been mentioned. Then again it is important in practice to pump in a little luke-warm water prior to pumping out the stomach contents. These seem small but they are important matters, for the lungs have in their time been injected with chalk mixture by too rapid and bungling surgeons (see Sir Astley Cooper's lectures), while a pumping-out process on the dry stomach has been known to eliminate the mucous membrane, which can scarcely be termed a surgical process of a conservative character. Mr. Annandale's bald account of the passing of the stomach pump does not arise from a want of descriptive power, for his instructions regarding the passing of a catheter, the "pons asinorum" in the practice of sucking surgeons, is very graphic indeed. The book has a few defects which in a second edition can be easily remedied. If Mr. Annandale has occasionally erred, it has been from too much knowledge, not from a want of it. He has sometimes forgotten that his audience is composed of students and junior practitioners, and that he is not writing a guide for accomplished men. Mr. Annandale must remember that the student knows *nothing* and that if he is to attain anything beyond a smattering of knowledge, the foundations must be surely laid, and no stone must be omitted. We have given our independent opinion on Mr. Annandale's book which, with the few little exceptions we have named, is second to none in its particular branch.



Vivisection: Is it Necessary or Justifiable? being Two Prize Essays published by the Royal Society for the Prevention of Cruelty to Animals. 8vo. Pp. 109. London: Hardwicke.

THE Society for the Prevention of Cruelty to Animals having become informed that considerable cruelty was practised by educated people under the mask of scientific research, thought it expedient to offer two Prizes, of the value of £50, for a French essay, and another for an English essay on the following points:

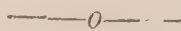
I. "Is Vivisection necessary or justifiable (when performed, as at certain Veterinary Schools), for the purpose of giving dexterity to the operator?" II. "Is it necessary or justifiable for the general purposes of science, and if so under what limitations?" The conditions stated in the Prize essay advertisements were, that the treatise should be sound, conclusive and convincing in evidence and argument. Upwards of half of the thirty-two MSS. sent in were arguments more or less in defence of vivisection, so that it has been quite understood that the society wished to hear the *pros* and *cons* of the matter. The judges selected Mr. Fleming's essay as the one most worthy and conclusive. Mr. Fleming, as Veterinary Surgeon to the 3rd (King's Own) Hussars is peculiarly fitted for writing an able exposition of facts, not only from his physiological knowledge, but from the fact that as a Veterinarian, he of course can answer the first proposition better than a physician, while his surgical knowledge will render him equally fitted with a doctor to answer the next proposition. The judges considered Dr. Markham's essay as also worthy of recognition. Thus, a second prize was given (of what *amount* we know not) and the two essays are now bound up together. The prize for the French essay will not be given away until 1867, when a Congress of *savans* will be collected together at the French International exhibition. Mr. Fleming is well known as the author of "Travels on Horseback in Mantchu Tartary," and his essay is not only easy in style, but it shews a vast amount of scientific research, which does him great honour. He has made himself a complete master of the subject, and he answers most emphatically in the negative *both* propositions with the rarest exception. He brings forth facts from the ordinary routine of veterinary teaching in France, which are sickening for their cruel and objectless heartlessness, and he equally shows that all the slicings of the brain in pigeons, cats, rabbits, &c. &c., in the "cause of science," are equally cruel and useless. He observes with justice that dexterity can be obtained by dissections and operations on the dead subject, and that the "cause of science" can be best advanced by "observing symptoms carefully during life and by making accurate observations of the morbid structures after death." We are taught by Dr. Inman, that diseases depend more on a *disordered vital force* than on structural changes. We would like to ask: Who has found by dissection, either in the dead or in the living subject, this subtle essence of our being? It requires the trained instinct of a physician to discover its workings from the natural processes of the living. Men of science place themselves on a pedestal, and enveloping themselves in their own over-weening vanity, look down on the public with contempt and ask "What business have the uninitiated to pry into our mysterious secrets?"

The slicing up of the living brains of animals, the putting out their eyes, the destroying the drums of their ears, the cutting out their stomachs, the tying of their arteries, the cutting of their nerves, all this, and more, too dreadful to recapitulate, has led to what? Where it has led to anything at all, it has led to nothing that men of common sense could not have inferred without such wanton barbarity. Confusion, error, and contradiction, are the results in any nicer points of scientific research. Were our men of science made aware that a wanton cruelty in the cause led to the *treadmill*, the public would have done more for them by giving this exact result than they have been able to gain for themselves with all their experiments. If men of science could say: "I tortured a kitten and by so doing learnt how to save an infant's life," or "I perpetrated a most fiendish experiment on a living bull, and thus learnt how to save the life of an athlete, we would think their cruelty exonerated by the direct good obtained, but, where nothing but vague and indefinite ideas are gleaned from torture, the sooner we as a Christian nation, *put it down*, the better for us all.

Dr. Markham is an accomplished physician and his essay does equal credit to his talents and to his humanity. He answers the first proposition in the negative, and he considers that only in some cases should vivisections for the advancement of science be permitted, while he condemns in manly tones the practice of torturing animals for the simple purpose of illustrating physiological laws to inattentive students.

Facts are better than precept, and demonstration is better than argument: while we are on this subject, therefore we cannot do better than give an anecdote of a celebrated living surgeon, whose talents are assuredly of the highest order, and whose dexterity and operative skill are only equalled by his humanity. We allude to the great "conservative" surgeon, Sir William Fergusson, a man unrivalled in the dexterous use of all surgical instruments. How did he become the great operator that he is now? Was it by the practice of vivisection? *Assuredly not*. The reviewer well remembers the following remarks of this celebrated surgeon, which the latter made to his crowded class about a dozen years ago: "In my younger days, when I was studying at the Edinburgh College, I was a diligent dissector. I not only dissected those subjects allotted to myself, but I was also in the habit of going round the rooms daily to pick up the cast-away bones and parts of subjects belonging to those students who had only half done their work. Kid gloves are out of place in the dissecting room and there are some gentlemen who can only touch the parts with forceps, and who cast them away unfinished. These can never hope to become eminent in their profession; I had many an hour of hard dissection from old and evil-smelling parts.

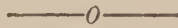
that had been thus thrown away, and I accustomed myself to the use of the saw by sawing every bone I could get. I was not contented with bones, for I could scarcely get enough to properly perfect my hand and wrist to the dexterous employment of the saw. *So I went to a carpenter's shop and sawed many yards of planks, and thus attained a knowledge of the proper use of the saw, an inestimable advantage to an operating Surgeon.*" We quote from memory and can therefore give but a poor idea of the lucid simplicity and gentle earnestness of this eminent man, who has such a true appreciation of the humane mission of a surgeon. He is surely a living and brilliant example of the unnecessary practices of vivisectionists.



Medical Electricity, embracing Electro-Physiology and Electricity as a Therapeutic; with special reference to Practical Medicine, showing the most Approved Apparatus, Methods, and Rules, for the Medical uses of Electricity in the Treatment of Nervous Diseases. By ALFRED C. GARRET, M.D., Fellow of the Massachusetts Medical Society; Member of the American Medical Association. Third Edition, revised and illustrated. Philadelphia: J. B. Lippincott and Co., 1866. London: Trübner and Co. 8vo. Pp. 1,103.

THIS is a book which is eminently "*exhaustive*," to use the stereotyped phrase of some critics. It is about as large as a Family Bible, and it seems to combine anatomy with woodcuts of dissections, considerable extracts from physiological treatises, all about electricity, with woodcuts of the various machines for obtaining it, and a history of its discovery and application to the sciences down to the present year. It is a perfect dictionary of authors' names. Every physician or surgeon who has written anything about this subject is sure to stumble over his name in this treatise, whether his experiences have been given to the world in a "work," or in the more ephemeral "current medical literature" of the day. Great names and small names form an incongruous medley, but amongst the crowd there are many men of great mark, among whom we must mention Dr. Inman, of Liverpool, whose beautiful work on the "Foundation for a New Theory and Practice of Medicine" has made a profound impression on not only this author, but on the American medical profession generally. Dr. Inman's views are often alluded to in the course of the work, while in the preface to the third edition the author says: "We do not advocate, with Dr. Inman, that the theory and practice of medicine as a whole ought to be based upon *alterations* in *power* or *vital force*, rather than on

changes of structure," but we do thank him for presenting this proposition so clearly and forcibly before us, that we may be reminded of the teachings of Elliotson, Alison, Copland, Watson, and our own James Jackson, and that there is a large class of diseases which must be viewed only in the light of altered vital force, whether it begins in the nerves, the blood, or the tissues." It is self-evident that for alterations in vital force, electricity must have great medicinal power. The question is, how are we to use it? There is no doubt that in the hands of those who are ignorant of its therapeutical effects it must be a very dangerous remedy indeed, while in the hands of those who have studied its effects, it is a subtle and important agency for good. Dr. Garrett deserves great credit for the extraordinary patience and labour that he has expended, not only in the actual compilation of this large volume, but in the very careful experiments that he has made on the healthy and on the diseased. We do not wish to underrate the labours of our British doctors, but there is no doubt that their cousins in America set them a good example in their researches into many remedial agents that in England are left to the outsiders of the profession. We respectfully ask our Professors of Medicine to peruse this work with a view of giving to the student another power for the "renewal of life."



Mystery: Babylon the Great, Pagan, Papal, Semi-Papal. By C. COWAN, M.D. 8vo. Pp. 29. Second Edition, Revised, with additions. Reading: Barcham. London: Hamilton Adams & Co.

DR. COWAN is an accomplished physician, who, in addition to the employment of his talents in his profession, feels it a duty and a pleasure to uphold and propagate the doctrines of our holy protestant faith. We approve of his object, but we think his means are not always judicious. It is more easy to discern the mote in the eye of a brother than to observe the beam in one's own eye and with reference to religious subjects this truth is constantly manifested. He proves that the Chaldeans had a dim foreshadowing of our Christian Dispensation. He also shows that among the corruptions of the Church of Rome are some rites and ceremonies not unlike those of ancient Babylon. He therefore likens the Church of Rome to ancient Babylon and he speaks equally bitterly of both. While speaking of the evil of the Church of Rome, Dr. Cowan omitted to speak of the good. We agree with him that the Romish Church has many corruptions, but we are not blind to its possessing the truth as

the nucleus of all. Let us eschew the evil and seek the good, and separate the wheat of the Gospel from the chaff of the surrounding corruption. With this view let us be in charity with all men, so that at last all our different religious sects may be gathered together in one fold under our common shepherd, Jesus Christ.

MEDICAL OPINION.

"FORWARD!"

The last volume of the *American Journal of the Medical Sciences* is before us. It contains 288 pages of closely-printed matter. It comes out every quarter, and it is a wonderful example of industry, perseverance, and successful compilation. From every medical journal, both American, British, French, &c., all cases of interest have been gleaned. There are very numerous reviews, and several interesting American original papers. One of these, "On Chloroform in Intermittent Fever," is so interesting, that we have given it to our readers entire. There are also many interesting reports of American Medical Societies' proceedings. Dr. Israel Washburn, of Indiana, gives a short account of a case that came under his notice in the late civil war. Private Samuel Stuart, of the 46th Indiana Vol. Inf., was wounded in a skirmish near Fort Pemberton, Miss., March 11th, 1863. The ball entered the abdominal cavity immediately above the right pubic bone, near the symphysis, passing backwards and downwards through the fundus of the bladder, making its exit through the great sacro-ischiatic notch of the corresponding side. The shock was very great, but he finally rallied, after the free exhibition of whisky and morphia. The prognosis of all the surgeons present was that he would die. The urine flowed from the anterior and posterior openings at the same time, saturating his clothes and bedding. Cold water dressing was all that was applied up to the sixth day, when he was sent to the General Hospital, at Helena, Arkansas. 12th day. He is doing well. Anterior wound closing. Posterior wound closed. Was not seen again by Dr. Washburn until June, 1864, when he met with him in the Veteran Reserve Corps, at Indianapolis. With the exception of a shortness of breath, he was then quite well, and anxious to get back to his "old" regiment. Dr. D. B. Elson gives a very careful table of the effects of sulphate of quinia and cinchonia, respectively upon the healthy pulse. His conclusions are shortly summed up as follows—viz., that the quinia, while it increased the volume of the pulse, did not appear very much to influence its rapidity, while the cinchonia decidedly accelerated it. Dr. J. S. Prettyman, of Milford, Del., gives a little pithy case "On a New Remedy for Gonorrhœa," which is worthy of notice. He says that in July, 1859, while observing the effects of "Oil of Erigeron," exhibited in a fearful hæmoptysis, he was led to suspect that it would prove a useful remedy in the treatment of gonorrhœa. He gave it there and then to a patient under his care, who had taken other physics in vain. He improved at once, and was speedily cured. He has used it in fifty cases, with unvarying success. It arrests the discharge in about seventy-two hours, and effects a cure in from six to eight days. He does not consider it a specific in all cases, but he thinks it an exceedingly valuable medicine in this disease. In acute gonorrhœa, when inflammatory symptoms are present, he uses the following formula: R. Pulv. Sennæ, ℥ij., Pulv. Jalapæ, ℥j.,

Pulv. Aromatic, grs. x.—M. Add a gill of boiling water, and a teaspoonful of sugar, and when sufficiently cool, agitate, and swallow at a dose. As soon as this operates, give ten drops of the oil on sugar, and three hours later, a full dose of Spir. Eth. Nit. in Infus Altheæ, and so on, every three hours, alternately, until the urethral irritation is allayed. He has used it with copaiba and other things, but he thinks it answers equally well alone. The oil he uses is that reputed to be the *Erigeron Canadense*, but he presumes that from the *Philadelphicum* to be equal, if not superior, for this purpose. The *Obstetrical Transactions* of our London Society are most ably condensed. We are of opinion that the American medical profession is interested in nothing more than obstetrics, and its attendant operations. Dr. Flint's "*Physiology of Man*," and his "*Practice of Medicine*," are most ably reviewed. Their review department is a perfect mine of reading. They have a most happy knack of condensing books, that we English do not seem to practise much. But there can be no doubt, that for our general practitioners who have not learned societies close at hand, such a system would be of great benefit. Among eight different books and papers "*On Cholera*," which head a most lucid review, we notice Dr. George Johnson's "*Notes on Cholera*," and Dr. Chapman's able papers on the same disease. Regarding Dr. Johnson's facts and arguments, the American reviewer says:—"Plausible as these may at first sight appear, still, upon a more close examination, we can scarcely believe that they will be found consistent in all their parts, or to present a satisfactory explanation of the leading phenomena of cholera, or to serve as a safe basis for its rational and successful treatment." There is a good deal more about cholera, but we have no more space for this subject. We will merely add that Dr. Chapman's theory is not entirely favourably received, but his treatment is liked. They say, "We have seen, on more than one occasion, at the very commencement of the stage of collapse, speedy and permanent reaction, brought about by rubbing the surface of the patient with ice." Our American brothers are severe and searching critics. A little praise from them is worth a column of our own English reviewers; for, with all due deference to the latter, the name and prestige of the writer have often more to do with the tone of a review, than the matter in his book. In America this is otherwise. They are divided from us and our petty squabbles, and they know not, and care less, whether the author under notice is an M.R.C.P., or an M.R.C.S., and they are equally satisfied with the M.D. of St. Andrew's, as with our great Oxford and Cambridge degrees.

The happy close of the late civil war has brought forth the latent medical periodicals of the Southern States of the now re-united United States of America. We have before us No. 1 of the nineteenth volume of the *New Orleans Medical and Surgical Journal*. It has been latent for upwards of six years, owing to troubled times and cruel war. It flourished as the best medical periodical of the south-west of the United States of America for twenty-two years up to the above date. It is a most interesting journal, ably edited by Professors Warren Stone, M.D., and James Jones, M.D., Drs. Stanford Chaillé, and William C. Nichols. It is the mouth-piece of the celebrated University of Louisiana, and it contains matter of great interest. We have reviewed Professor Stone's most lucid, original essay "*On Cholera*," in this month's Review Department. (Note.—The Editor of the *MEDICAL MIRROR* is the special correspondent for this journal, and if any member of the profession should be at all anxious to bring any professional opinions or medical facts before this portion of professional opinion across the Atlantic, the Editor will be happy to give prominence to their opinions, should they prove of sufficient interest for his limited space in his "*London Letter*.")

The *Richmond Medical Journals* for May and June, contain matter of much interest. There is, of course, a good deal which has been gleaned from our own medical literature. There is a very excellent "London Letter," which does credit to the able gentleman who has written it. For us, however, his news is not new. A great feature of interest in the May number, is a most interesting account of General Stonewall Jackson's last wound, illness, and death, reported by Hunter McGuire, M.D., Professor of Surgery, Medical College of Virginia, and late Medical Director-General of General Jackson's command. The General had great nerve, and more thought for others than for himself. One ball hit him in the left shoulder, and another struck the right hand (dorsum). The left arm was amputated about two inches below the shoulder, by the ordinary circular operation. The humerus was fractured, the main artery divided three inches below shoulder-joint. The forearm of same extremity had been badly lacerated by another ball. The ball had lodged, and was extracted from right hand. Unfortunately, the bearers of the litter who were conveying the General from the battle-field to a place of comparative safety, stumbled and fell, throwing out the poor wounded General heavily on to the ground. To fall at any time in this manner would have been dangerous, but to a poor wounded creature, with a shattered arm, it was a fearful accident, and he groaned, in spite of his iron will and cool determination. To this accident his death may be attributed. His right chest had struck against a stone or sapling stump, and although no fractured ribs resulted, and no external mark was visible, pleuro-pneumonia took place, from the mortal effects of which, and the shock of his wounds, he ultimately succumbed, dying most peacefully. He was told that the whole army was praying for him, on which he said, "Thank God, they are very kind!" He then said, "It is the Lord's Day; my wish is fulfilled. I have often desired to die on Sunday." He had taken chloroform during the operation, and expressed his gratitude for such a blessing. Towards the last few hours, he would take no stimulant, saying it would only delay his departure, and do no good, and that he wished to preserve his mind, if possible, to the last, for they had told him his hours were numbered. A few moments before he died he cried out, "Order A. P. Hill to prepare for action! Pass the infantry to the front rapidly; tell Major Hawks"—then he stopped. Presently a smile of ineffable sweetness spread itself over his pale face, and he said quietly, and with an expression, as if of relief, "Let us cross the river and rest under the shade of the trees!" Then, without pain, or the least struggle, his spirit passed from earth to the God who gave it. We must thank the accomplished military surgeon for his very graphic account. In a medico-legal point of view, the case is one of intense interest, for we have no doubt that not a few surgeons would swear positively that such an injury as happened to the lung in this case, could not have happened without a considerable ecchymosis.

The *New York Medical Journal* has some good original papers, one of which is a translation of one of Professor Remak's lectures on the treatment of nervous disorders by the application of the constant galvanic current. Professor Remak (of Berlin University), delivered these lectures at the Hospital de la Charité, Paris, just before his death. This is a very interesting subject that some of our able physicians who have been adding so freely to our cholera literature, might inquire into, and enlighten the world on a subject which at present must be called anything but threadbare. While we are on this subject, we are glad to inform our friends that the Medical Chirurgical Society has considered the subject of the employment of electricity as a treatment in disease, as worthy of a special committee of investigation. The *New York Journal* has a very long article on the effect of diseased meat, and bad milk upon the public health. Dr. Percy is an able

man, and Professor of Materia Medica in the New York Medical College, and he treats the subject very well, but we have some very good English authors on this subject, and we do not observe that Dr. Percy has told us anything new. The only other subject that we will allude to is a review on Dr. Sankey's "Lectures on Mental Diseases," London, 1866; 8vo. Pp. 281. After a very complimentary review, it is wound up by the following remarks: "We commend Dr. Sankey's lectures to all physicians who are interested in psychological medicine, and who wish to read a well written, sensible and practical book." We call attention to this, because a reviewer in the latest journal of *Mental Science* (England) cuts up Dr. Sankey. Dr. Sankey need not mind, however, "for a prophet has no honour in his own country."

Dr. Lankester's *Journal of Social Science* contains little of importance save a letter on the treatment of choleraic diarrhœa and infantile diarrhœa by means of a judicious and careful attention to a proper, suitable, and nourishing diet. The letter is signed M.A.B., and we have no difficulty in recognising the thoughtful and practical style of Mrs. Baines, a lady who has written many interesting essays on various social matters requiring reform. Mrs. Baines belongs to the common-sense class in the community who seek to preserve the vital force, or, to use her own rather happy expression, "*to economise the life powers*" in this intensely exhausting disease. She has no faith in the eliminative treatment, but, in common with Professor Maclean of Netley, relies on "support" and good nursing. "Good beef-tea with rice boiled in it; gruel containing brandy; port wine mulled, and ground rice well boiled, flavoured when agreeable, with cinnamon." This authoress has been struck with the excessive mortality among infants and she ascribes this to the fact that children, especially of the lower classes, are often badly, and constantly injudiciously fed. We can endorse most emphatically this latter observation, for nothing has struck us more than the ignorance of the most common processes of cooking, and the absurd diet often given to infants. We might also respectfully mention that an imperfect knowledge of even the simplest rules of cookery is not confined to females of the lower ranks. Ground rice with milk is highly recommended by Mrs. Baines as an article of infant's food, more especially during the prevalence of choleraic diarrhœa. Mrs. Baines most sensibly shows that if people are well fed, their *life powers* will be better able to resist the depressing influences of malaria. Mrs. Baines's most sensible remarks are well worthy of the highest consideration, and we believe that if she were to inaugurate a system of soup kitchens for the poor of the metropolis, she would do much to decrease the duties of the hospitals, on the principle of prevention being better than cure.

There is a paper by Mr. J. J. Pope in this same *Journal* (Medical Staff). He calls it, "Brief Sanitary Notes from Practical Experience, more especially in reference to Cholera." One of his points is as follows: "That local atmospheric influences have much to do with the virulence and appearance of the epidemic form of cholera, I have no reason to doubt, and perhaps there is no more valuable test in this way that can easily be obtained, than the excess or diminution of ozone in the air." Another point is, that some scavengers in India who had much to do in cleaning up the excreta of cholera patients, were most free from attacks of cholera. This gentleman is most enthusiastic in his praises of the office of coroner, about which office he has the following remarks, in which we totally disagree:—"I am not at all certain but that the prevalence of cholera, as with other preventible diseases comes under the cognizance of the *coroners* appointed by Government to investigate the causes of death, and it has always struck me as an unwarrantable curtailment of this all-important and certainly pre-eminently useful office, that public and in some instances profes-

sional interference and opposition have confined the coroners' duties to such a narrow limit."

Considering that Mr. Pope's experience speaks rather of the protecting power of evil smells, and of abominable excreta, we are at a loss to understand why he should advocate so strongly the cause of sanitary science, the great excellence and exalted nature of which pervade his paper so strongly. If evil odours prevent the cholera, or give us an immunity, let us keep them and eschew carbolics and Condry's fluid.

Dr. Maudsley writes in the *Journal of Mental Science* a memoir of the late respected John Conolly, M.D., whose name will ever remain fresh in the hearts of the profession, and which will be handed down and remain a bright example for future generations of medical men. Dr. Maudsley has a great theme for eloquent discourse, but he has been afraid to speak too highly of the great John Conolly for fear of being considered partial in his praise. We consider that John Conolly, M.D. and his earthly doings are much more worthy of commendation and of imitation than the class of so called scientific people who try to worm out the inscrutable laws of God in his government of the Universe by means of microscopes and test tubes. We consider any scientific researches which do not tend to benefit mankind, as simple waste of time that ought to be employed in the useful arts of healing and alleviating human suffering. Let us ask what practical good is obtainable from such subjects and researches for instance as, "The Chemical Pathology of the Brain."? Who is to gain by these discussions? Do we save life or improve the condition of those poor creatures entrusted to our care by such employment for our leisure hours? We do not, but we build up a little structure of so called "scientific fame" for ourselves and receive compliments from reviewers and critics who call our lucubrations "lucid" and "able" in the clap-trap penny-a-lining of our periodicals. We are led to make these observations, by some remarks which we see in the memoirs written by the accomplished physician Dr. Maudsley, concerning his great superior. Dr. Maudsley says: "As a writer on insanity, he painted eloquently and pathetically the external features of the disease, but the *philosophical depths of mental phenomena* he never cared to sound, and the *exact scientific investigation* of mental disease he never systematically devoted himself to." Dr. Maudsley in his efforts to be impartial always mars the good effect of some great point or mental qualification of John Conolly's character by some petty carping foil that he drags from obscurity to weigh in the balance against the genius and honesty and childlike earnestness and truth of the great John Conolly. Dr. Maudsley is an admirer of Goethe, and his motto at the commencement of his dissertations in a line from that poet to the effect that a man's history is his character. True enough when the history is written by any one capable of placing a history fairly and justly before a reader. Impartiality does not consist in bringing forward the specks that cloud the sun as prominent features, but the great good should be as honestly and fairly given as the small evil. From the excellent papers and the high tone of the essays usual in the *Journal of Mental Science* we had looked for a sparkling tribute to the great Reformer of our Lunatic Asylums, whose condition at one time was a disgrace and a blot on the proud flag of England. We should have preferred to have heard Dr. Maudsley say that John Conolly trod humbly in the footsteps of our great Master and Saviour Jesus Christ, of whom it was written that he "was sent to bind up the broken-hearted and proclaim liberty to the captives and the opening of the prison to them that are bound." In writing the history of Dr. Conolly's life Dr. Maudsley has depicted not the character of his great master, but his own. We will refrain from criticising the wordy, feeble and discursive essay which has been foisted on the readers of the *Journal of Mental Science* as an impartial biography of the great

Medical Reformer. We are all acquainted with the distorted physical appearances which are reflected in a faulty mirror, and we see in this mental reflection of the labours and life of the gentle Conolly, a poor and carping literary ability.

Dr. Chapman has contributed some cases of epilepsy, paralysis, and other diseases of the nervous system, treated successfully, chiefly by means of ice. We regret that we have no space for extracts. These cases clearly prove the inestimable value of his treatment—a treatment that has not received justice from some of his professional brothers in England. Dr. Sankey's "Lectures on Mental Disease," delivered at University College during the session, 1865, are on the whole, unfavourably commented on in the *Journal of Mental Science*. We have shown that American reviewers have a more just appreciation of Dr. Sankey's labours. We consider he deserves the greatest praise for having so soon given a series of systematic "Lectures on Insanity" to the world. We need scarcely observe that he is the first "Lecturer" on insanity that University College has ever possessed. We trust other colleges will follow this good example, so that our young doctors shall not still continue to go forth on the world, ignorant of one of the most subtle, and severe, and painful maladies that can afflict humanity.

The *Glasgow Medical Journal* contains articles on the following subjects :— "On Anthracosis, or Coal Miners' Phthisis," by Dr. Begbie ; "On Congenital Gout," by Dr. Simpson ; "On the Preventibility of Cholera," by Dr. Fergul ; "A Clinical Record on a Case of Strangulated Femoral Hernia," by Dr. McLeod ; and finally, "A Case of Aphasia," by Dr. Barclay. We admire Dr. Begbie's writings, but we cannot see any difference between a miner in a consumption, and an ordinary individual. It is natural that people who live in an atmosphere of coal dust should inhale the same, and get their lungs blackened. We see the dirty, smoky lungs of townspeople on our London *post-mortem* tables, and we see the fresh light red lungs of country people, so there is not much need for any ponderous explanations of anthracosis.

The *Monthly Homœopathic Review* is a spirited journal, but we dislike sectarian medicine. If there is anything of good in Homœopathy it should be grafted on the parent stem of rational and legitimate medicine. As regards infinitesimal doses, we must say that we consider there must be some limit to subdivision of drugs. It is utterly absurd to say that all physics grow in strength, usefulness and power as they are subdivided. When we change a five-pound note, we don't find each sovereign can buy more than the original crisp bit of paper. We believe of course, that a certain dose of a drug will act in a certain manner. There is no doubt that anything beyond this dose will be superfluous while anything below it will give a diminished effect. Calomel is the great trump-card of Homœopaths. Certainly, subdivision in this case gives a celerity of evil power that the crude masses possess, in a slower manner. (When used for instance, continuously as in our looking-glass manufactories). But take the simple and daily used mustard : a spoonful is a pleasant condiment. Does a Homœopath eat his roast beef with infinitesimal doses of mustard ? thereby obtaining a more pungent flavour and a more powerful action on his stomach ? Or does he use what he has found to be the proper dose of mustard, irrespective of infinitesimals ? We cannot hold any dealings with those unqualified men, who throw the cloak of Homœopathy around their unlicensed practice, but if any of the *qualified* members of our common profession of Medicine, who believe in and know something about Homœopathy, care to enlighten our ignorance, we should be glad to hear about it. For we must

say that the following *jeu d'esprit*, from *Public Opinion*, rather amusingly defines our present notions of Homœopathic practise :

DIET FOR HOMŒOPATHIC PATIENTS.

Take a robin's leg—mind, the drumstick merely—
Put it in a tub filled with water nearly,
Set it out of doors, in a place that's shady,
Let it stand a week—three days, if for a lady.
Drop a spoonful into a five-pail kettle,
Which should be made of tin or any baser metal ;
Fill the kettle up, put it on a-boiling,
Strain the liquor well, to prevent it oiling ;
An atom add of salt, for thickening one rice kernel,
And use to light the fire "The Homœopathic Journal."
Let the liquor boil—half an hour, no longer
(If for man, of course you'll make it stronger) ;
Should you now desire that the soup be flavory,
Stir it *once* around with a stick of savory.
When the broth is made, nothing can exceed it ;
Then, three times a day, let the patient smell it.
If he chance to die, say 'twas nature did it,
If he chance to live, give the soup the credit.

THE EDITOR'S LETTER BOX.

"De omnibus rebus et quibusdam aliis."

SPECIAL NOTICE: CORRESPONDENCE.—It is distinctly to be borne in mind that we do not, by inserting letters, convey any opinion favourable to their contents. We open our Correspondence columns to all qualified Medical men, without favour and without hindrance, and thus supply a channel for the publication of Medical Opinion, to be found in no other Medical Periodical in the Kingdom. Many leading Medical Men agree with us in believing that difference of opinion is better settled by dispassionate, just, candid and free discussion than by an illiberal exclusion of all views, save those held by the Working Staff of a Journal. We hope by this liberal policy to retain for the MEDICAL MIRROR that high position, which, as the only London Monthly Medical Review, it naturally occupies. We thank our Professional brothers for their continued confidence and good-will, and we trust by their independent co-operation to convince the Public that the noble Profession of Healing has for its object,—not the selfish interests of a Class,—but the attainment of the Truth, and the welfare of a common Humanity.

DR. GEORGE JOHNSON AND HIS REVIEWER.

To the Editor of the MEDICAL MIRROR.

SIR,—While admitting that, as a rule, it would not be expedient to allow an author to criticise his reviewer, I beg permission to make some comments on the review of my pamphlet "On Cholera," which appeared in the last number of the MEDICAL MIRROR.

There is reason to fear that the judicial impartiality of the

critic may be impaired by any strong feeling, such as your reviewer confesses that he entertains upon the subject under discussion. "Though we feel strongly, we nevertheless watch closely," so he says; but it is quite possible that his strong feeling may blind him to very obvious facts, and I think that there are indications of this judicial blindness in the course of his review. He dissents wholly from my doctrine of elimination; he does not believe that the effect of a poison is an effort of nature to expel it, and he instances the vomiting and purging produced by a poisonous dose of arsenic. Now, if your reviewer denies that the vomiting and purging thus produced are the result of a conservative effort to expel the irritant, and that the effort is to be encouraged, rather than checked, until the process of expulsion is complete, it would be quite useless to discuss with him any less obvious instance of beneficial elimination. No one would call the stupor produced by opium a salutary effort of nature; but no one surely would allow himself to be so hampered by the rule that, "the logical treatment of poisons imbibed is to enable the individual to bear them," that he would neglect to eliminate the poison as speedily as possible by all available means. When corrosive sublimate, or other metallic poisons have permeated the system, we certainly do not give purgatives, but we *do* attempt to eliminate the metals by such diuretic salts as the iodide of potassium.

The more we learn of the nature and the cause of cholera, the more evident it becomes that the phenomena of the disease result from the introduction of a material poison into the system. The recent outbreak in the eastern districts of London appears to be clearly traceable to the influence of impure water. *A priori*, it seems improbable that vomiting and purging, which are excited by the imbibition of diluted sewage, can, with advantage, be arrested before the loathsome stuff has been expelled. Your reviewer has a great dread of castor oil; he thinks it sometimes a violent medicine. He once saw a painful inflammation of the bladder and rectum result from a dose which had been taken by an elderly lady to cure choleraic diarrhoea!

One would have liked to know what cause was at the bottom of the choleraic diarrhoea, and whether *that* may not have excited the inflammation which was attributed to the castor oil. An intimate friend of my own, who shares with your reviewer his dread of evacuants in diarrhoea, relates the case of an elderly lady in whom cystitis was excited by a seidlitz-powder. This could not, I suppose, have been the same lady as the one referred to above. Perhaps it was her sister; and there may have been some family idiosyncrasy; or is it a fact that elderly ladies are liable to be more than ordinarily disturbed by gentle laxatives?

Now, to return to the treatment of choleraic diarrhoea. It

cannot surely be denied that the vomiting and purging actually expel morbid secretions. My critic admits that "the slush must come out;" yet with singular inconsistency he says we are not to get rid of the irritant, but we are to give an opiate "to enable the bowel to bear it." "To get rid of one irritant by another is false philosophy." True philosophy, therefore, would condemn the use of emetics and purgatives in nearly all that numerous class of cases in which experience has proved them to be useful. Henceforth, nausea and colic must be philosophically endured, since science forbids the expulsion of their exciting cause by an irritant emetic or purgative! But what are the results of experience in the treatment of choleraic diarrhoea?

My doctrine is, "That plan of treatment for diarrhoea is obviously the best which most speedily and completely puts a stop to the disease without subsequent ill effects." Your reviewer probably has tried only one method of treating diarrhoea. I have tried various methods; and I have found that, while an indiscriminate use of opiates and astringents tends to prolong the disease and to increase the risk of mischief, the discreet use of mild evacuants, followed, if need be, by astringents, is much more speedily and certainly successful, and I know that the experience of many practitioners during the present epidemic is entirely in accord with my own upon this point.

This result is intelligible enough if we admit, what is probably true, that the cholera poison has the power of rapid self-multiplication within the system, so that the effect of its artificial retention by opiates is to increase the poison and its products, and thus to prolong and to aggravate the disease.

The reviewer is sometimes very facetious. He denies that the virus of cholera is discharged in the evacuations. He says, "Dr. Johnson believes that if a cholera stool will give the disease to a man who has never had it, the first man who passed it must have had so much the less left in him. To put it in more homely guise, he seems to argue, that if a friend allows another to light a cigar from that he is smoking, will 'put his own pipe out.'"

Well, I confess to a belief that the discharge of a pint of cholera secretions does reduce the morbid contents of the bowel by that amount; and I think that if one friend gives another a pipe of tobacco he reduces the contents of his own pouch to that extent.

I would ask your reviewer to consider whether his own "homely" illustration is not as inappropriate and as faulty as the construction of the sentence in which it occurs.

Twice in the course of his paper your reviewer refers to my

method of treatment as being homœopathic. It is difficult to see what useful purpose can be served by this insinuation. Perhaps my critic is himself a disciple of Hahnemann, and his intention may be to do me honour by claiming me as an ally. If, on the other hand, his purpose be to fix upon me an offensive stigma, this is neither generous nor just; for I have endeavoured, and as I think, successfully, to prove that mere purging cannot produce the peculiar and distinctive symptoms of cholera nor anything like those symptoms. And, therefore, whether the evacuant treatment of diarrhœa and cholera be or be not more successful than the opposite method, it is, at any rate, not an instance of cure on the principle of *similia similibus*.

Your able and accomplished reviewer will not, I trust, carry his dread of elimination so far as to refuse to eliminate error from his own opinions and practice, if only he can satisfy himself that error exists. I am, therefore, not without hope that the result of his careful collation of cases of cholera treated by various methods, may be to greatly modify his opinions; and perhaps I may hereafter have the happiness of numbering him among my most zealous and powerful allies.

I am, Sir, your obedient servant,

GEORGE JOHNSON.

Savile row, September, 1866.

[These remarks give my arguments the go-by in one part, and misrepresent them in others. Let me state the issue more clearly than before. Purulent ophthalmia is a disease which spreads by the use of sewage-water, *i.e.*, water contaminated by the specific discharges of others. When the complaint has been so communicated, it produces a secretion capable of giving the disease to others, and it sometimes produces disorganisation of the globe. Are these—(is either) *efforts* of nature to expel the poison? Is the poison so expelled, *i.e.*, does the discharge necessarily leave less behind? Is the secretion to be encouraged? We hold it to be our duty *to counteract the effects* of this poison, and of all others, when once they have entered into the system. Dr. Johnson deems it right *to encourage them*. This point is left untouched. We are sorry that the doctor should feel sore at being told that his doctrine resembles that of Hahnemann; but so long as he entertains his present views, he will be liable to the imputation.—THE REVIEWER.]

FAIR PLAY AND FALSE PROPHETS.

To the Editor of the MEDICAL MIRROR.

SIR,—I read with much interest the admirable article in the August MIRROR, entitled *The 'Lancet,' v. Fair Play*. I believe that it accurately *mirrors* the sentiments of the medical profession at large.

The circumstances which gave rise to your deserved strictures on the management of the *Lancet*, ought to be fairly canvassed by the profession, as they relate to a question of vital interest in the domain of truth.

It is essential to the prosperity of the commercial classes that they should be protected against base coin and fictitious notes; and it is essential to the progress of medical science, that the practitioner of medicine should be protected against fraud or misrepresentation in *scientific matters*.

The busy practitioner of medicine has no time to wade through a shelf-full of books in order to estimate the value of a *new theory of practice*. He looks for information to the periodical literature of the day. He demands, and has a right to expect, that the editors of the medical journals shall give him the best and most reliable information to be obtained on all new theories and practices. When the *Lancet* publishes an essay "On Homœopathy," or any kindred subject, it is expected that the statement of the *principles* shall be *truthfully* and *accurately stated*. To insert a *mis-statement* is inexcusable on any other plea than that of ignorance, and this plea is in itself inexcusable when the means of ascertaining the truth are at hand.

Still further, is it a *breach of confidence* when, having made a *mis-statement*, the journal refuses to insert the *correction* of the error.

This is my case against the editor of the *Lancet*, who, for some *inscrutable* purpose, chooses to foist upon his readers an *absurdity* which he calls an essay "On Homœopathy" (but which is a complete *caricature* of that system), and who has refused to insert any correction of the error.

So far as homœopathy is concerned, this is of no earthly consequence. I don't complain as a homœopath—the praise or blame of the *Lancet* is a matter of the most utter indifference to me. It is on the part of the profession generally, that I protest against this attempt to mislead it, and to keep it in ignorance of the truth. We have a right to demand that a *medical journal* should exercise the same care in describing a *new system* as a *hydrographical journal* would bestow in describing a *new sea* or *river*; or as a *geographical journal* would give to the description of a *new country*.

If a writer, *who had never been in Africa*, should send a few pages of *Gulliver's travels* to the editor of a geographical journal, and if, through oversight or ignorance of the subject, the editor unfortunately printed them as a description of the present state of Africa and its inhabitants, would he not, as soon as he received the corrections of *African travellers*, retract the foolish hoax? Would he not, in sackcloth and ashes, gladly insert the testimony of the competent witnesses, who themselves had seen the country and its tribes, in opposition to the assertions of the student of *Gulliver*?

Yes; but then *geography* is not *medicine*, and the *geographical journal* is not the *Lancet*, and the editor of the *Lancet* has got it into his head, and acts upon the theory, that the *members of the medical profession do not desire to know the truth*. Are the medical profession to be led by the nose for ever by false prophets?

Is *Gulliver* to be accorded a hearing, which is to be denied to *Livingstone*, to *Speke*, *Grant*, or *Baker*?

Yet the *Lancet* inserts a description of homœopathy into its pages which is no more reliable than *Gulliver's travels*, and refuses the corrections of the only men who know the subject practically and theoretically, from patient study and definite research. The reason for rejecting the corrections being that the writer *is a homœopath*. On the same principle we ought to reject *Livingstone's*, *Speke's*, *Grant's*, and *Baker's* testimony on *African explorations*, because they are *African travellers*. Can anything be more absurd?

Any essay "On Homœopathy" can only be written by a man who has applied long and impartial study to the appreciation of its theory and practice. *Dr. Meryon* had not this requisite knowledge, and committed the most egregious blunders, which, with mistaken zeal, the *Lancet* upholds. The following are three of the four propositions which Mr. Meryon tells us embody "the whole system of homœopathy":—

1st. *That medicines have the inherent, unconditional, and absolute power of exciting disease.*

The truth is, that this is no part of homœopathy at all. In common with all physicians, homœopaths believe the *very contrary*, i.e., that *medicinal drugs* have a *conditional* (not unconditional or absolute) power to excite disease. The *condition* being, that the drug shall be given in a state of *solubility*, and in a sufficient dose to produce *deviations from health*, i.e., *poisonous* (pathogenetic) effects.

Dr. Meryon's second proposition is: "*That the pathogenetic effects of medicines are developed and infinitely increased by trituration and subdivision.*"

If, by this, he means that homœopaths believe the *smaller*

the dose given, the more poisonous it is, he is again in grievous error. They believe the very contrary.

On the other hand, if he means that by *trituration and subdivision* of its particles, *the same dose* is increased in *medicinal power*, he only states what is believed by all physicians of both schools. An example is easily found in the preparations of mercury (blue pill and grey powder), which owe their whole activity to *trituration and subdivision*.

This second proposition, therefore, no more sets forth a *homœopathic belief* than the former.

The third proposition is equally infelicitous ; it runs thus :

"That the nature of disease is dynamic and immaterial."

This is held by some homœopaths, but by some allopaths also, and is by no means the pathological belief of the majority of either schools. It is a tremendous generalisation, abandoned by Hahnemann himself in his later years, when he admitted the existence of specific diseases. The "homœopaths" of the present day own the same pathological views as held by all enlightened physicians. Here, again, therefore, Dr. Meryon committed grievous errors.

It is my wish, in this paper, to confine myself to the exposure of the "*false prophet*," and I therefore do not enter into the question of what "homœopathy" is. I am content with showing that it is not the quaint and Gulliverian monster which Dr. Meryon has described it, and which the *Lancet* wishes it to be believed.

I am, Sir, your obedient servant,

WILLIAM BAYES, M.D.,

L.R.C.P. Lond., M.R.C.S. Eng.

Joint Editor of the *Monthly Homœopathic Review*.

—o—

LETTER FROM A FENIAN DOCTOR.

To the Editor of the MEDICAL MIRROR.

Campinos,

Provincia de San Paulo,
Brazil.

SIR,—Thinking from an advertisement I saw, that the MEDICAL MIRROR might give some insight as to medical opinion in England, which a physician in any country cannot wholly ignore, I ordered it from my bookseller in Rio de Janeiro, and lately received the Nos. of January, February, and March of this year. Now, at page 156 (March No.), I see that with a daring any coward, who has a secure hiding-place may show, you insult the Irish prisoners (political) of the English tyrant, daring to recommend the application to them of ignominious

corporal torture. Now, as I cannot get hold of you to order two or three Capangas to give you the sound cow-hiding you deserve for your insolence, I will at least beg you to consider yourself morally insulted by me in any and the grossest way you can imagine. Your stupidity doubtless renders you ignorant of the rights of Irishmen; and you probably think that Ireland is part of England, as Sussex or Kent. God made Ireland a free and independent country! Man's wickedness has made Ireland England's slave. It is proper to Saxon brutality to insult and gibe and sneer at a crushed slave. Morally, these victims of English brute force whom you cowardly insult are infinitely superior to their English tyrants, and in God's own time their wrongs will be avenged.

Wishing you as much civilization and moral and christian feeling as a Protestant Saxon can acquire.

I am, Sir,

Your obedient servant,

RICHARD GUMBLETON DAUNT, M.D., Edin.

Norman Irish Noble and Brazilian Citizen.

16th August, 1866.

* * *The Editor of the MEDICAL MIRROR has every respect for the rights of "political" prisoners, but he does not recognise the Fenians as belonging to a class that can worthily or justly be elevated into political martyrdom. He is aware that at the next election for a President in the United States of America, the "Fenian ticket" may prove a trump card for a canvassing President, and he is fully prepared to believe that the Fenians may prove mischievous, if not dangerous. He must, however, adhere most respectfully to his views as expressed in the article that has aroused the ire of Dr. Daunt, and which is subjoined.*

"In the January number of the MEDICAL MIRROR, we gave a criticism on the play of 'Never too Late to Mend,' pointing out that the functions of the Prison Doctor found no place in this sensation drama. It would appear that a leading article writer in the *Lancet* has been deeply affected by the horrors of the 'silent system,' as portrayed in the wonderful piece of acting at the Princess's. He is eloquent in favour of the Fenian prisoners who have been sentenced to imprisonment at Pentonville. We have no sympathy with Fenianism, and we therefore consider the 'silent system' to be peculiarly fitted for their offence of stirring up the worst passions of the ignorant poor by means of their seditious writings and conversation; but if some variety must needs be allowed, a little wholesome corporal punishment would act as an occasional surprise to these 'men of active mind and impatient temperament.'"

The Editor of the MEDICAL MIRROR will leave it to "Medical Opinion" to judge between him and the cow-hiding Dr. Daunt, and if the verdict be in favour of the constitutional principles of the MEDICAL MIRROR, he would respectfully suggest that Dr. Daunt is scarcely a fitting holder of a diploma from a Royal University.

THE MONTH.

OCCASIONAL NOTES.

— Mens sine pondere ludit.—PETR.

THE POLITICS OF THE MONTH.

IN America the Philadelphia Convention and its sequel in the almost Royal progress of the gifted and iron-willed Andrew Johnson through the States is eliciting an expression of opinion, and forming a party that will yet put its mark on the seething politics of that vast continent. No one, out of America, save those who have closely watched its politics and the varying phases of public opinion, can form a just idea of the vast and important results that the defeat or victory of the President, Andrew Johnson, will bring upon the nation under his temporary control. A Southerner by birth, yet a strict Unionist, he sided with the North in its struggle to maintain the Union; and now that the South is conquered and willing to re-enter the great Union, that so much blood has been spilt to cement, he strongly leans to his true birthplace, and will force the unwilling North to receive their conquered brothers back again. The North, in the pride and vain glory of its stubborn heart, seems chary to stretch out the hand of good fellowship, and to admit once more the Southern delegates to their common Congress. As President Johnson truly said, at the banquet at Delmonico's, in New York, "If the South be not re-admitted, then is the Union broken and our blood has been shed in vain." We hope that the stars and stripes may once more float over a united people, and that the present angry effervescence of the country may soften down into a lasting and permanent tranquility, all the more grateful because of the storms and bloodshed that have preceded it. At home we also have a political agitation only equalled by that in 1832. The intelligence of the country demands representation, and no one has more at stake than the working members of our profession, whose intelligent opinion, as yet, goes for very little in the counsels of the nation. Whether manhood suffrage or voting by the ballot is the panacea for all our ills, is doubtful, but no one will deny that an independent measure of restricted reform is much needed. We hope to see the day when our Medical Corporations will be represented in the House of Commons. We do not wish to see simple medical theorists elected, but large minded and intelligent doctors, who, while they set their mark on the sanitary and medical welfare of the country, will have a just and appreciative eye for the thousand other matters that a true representative of the people must possess. In Berlin they have had their solemn military triumph in honour of the changes in the map of Europe, which the subtle Bismarck's genius has carried through. France is for peace, or is lying dormant, renewing its arms and assimilating its forces to the Prussian system. The Prussian "Land-wehr" is a system which might well supersede our own bungling distinctions between the line, the militia, the yeomanry, and volunteers. In India, famine stalks through the land, bringing fever in its train to the squalid Hindoos and Mahommedans. The Lord Mayor has advocated the claims of our swarthy fellow subjects. Now, that in London, we may thank God that the cholera is ebbing away from us, there is no reason why any money that may remain, after relieving the destitution of our own cholera stricken should not be applied for the supply of chuppaties and rice for the poor Asiatics who own our Queen for the Empress of Hindostan.

THE CONDITION OF THE POOR-LAW DOCTORS.

WE had occasion, on the reports of Mr. Farnall and Dr. Smith appearing for public information, to observe that both the reports were apparently fair and to the point. It was, of course, natural that Mr. Farnall, whose experience had been very great, should have made a more searching enquiry, and, perhaps, have issued, of the two, the more lucid report. Considering, however, that Dr. Edward Smith had but scarcely entered on his duties, his report was, on the whole, very creditable to him. The *Lancet* has had so much about Workhouse management coupled with the names of their so-called "Commissioners" that, although we have felt their efforts to have been, in the first instance, very praiseworthy, they have latterly become something of a bore, and we would be very glad to see the *Lancet* Editor and his entire staff decorated with the ribbon of the C.B. to have done with the matter. There is, however, one point in the question which, in their exertions for the sick poor, the *Lancet* authorities have not sufficiently ventilated. The poor they have had always with them, but the general practitioners who, for a miserable pittance, have to perform the arduous and thankless duties of Poor-law doctors have not received that support from the *Lancet* which one might have expected from a class journal, which is entirely dependent on the medical profession for its existence. Our attention has been seriously drawn to the subject of a Re-organisation of our Poor-law Infirmaries, by a most temperate and dispassionate Review of Dr. Smith's Report which the Metropolitan Poor-law Medical Officers' Association have recently published, and which they have done us the honour of sending to us for notice. We are glad to observe that a new Association with the above title has been set on foot, but we think that it might have more chance of being a really powerful agent for good if it grafted itself upon the British Medical Association. The gentlemen whose names are upon the Metropolitan Poor-law Medical Officers' Association, are all employed by Guardians of the Poor, and it is quite evident that they will never be able to speak in bold and independent English the language of their hearts. There is no reason why the entire body of Poor-law doctors should not co-operate together, but unless they can obtain the support of professional opinion outside their own ranks, their efforts will not succeed. Let us respectfully suggest to them that by making this particular interest a Department of the British Medical Association, they will greatly strengthen their position. People in Government employment cannot say what they mean, but general medical opinion is not to be gagged by any Board, whether of Guardians or of the Poor-law. The Committee of this Association supports Mr. Farnall's views, who has paid a well deserved tribute to the zeal and efficiency of the Poor-law Medical Staff, who have fought so nobly the battle of right against the parsimonious supineness of the petty tradesmen who hold the parochial reins. It is evident that Dr. Smith has been anxious to throw oil on the troubled waters, and in doing so, he does not seem to have been very mindful for the interests and honour of his Poor-law medical brethren. Jonas was cast overboard to appease the raging waters, and Dr. Edward Smith seems to have imitated the sailors on that remarkable voyage by throwing overboard the Poor-law Medical men, who, one would imagine, might have been the first to have been preserved at his hands. The Medical Officers of the Poor-law naturally wish for an amount of cubic space in accordance with sanitary science. They also object to their opinions being ignored by the new Poor-law luminary Dr. Edward Smith, while his apparent slur on their exertions, meets with their natural disapproval. Dr. Smith evidently approves of pauper nursing, though he succumbs to the popular outcry against this system. The Poor-law Doctors, on the other hand, prefer the services of paid nurses. For our own part, we agree most heartily, on this nursing point, with Dr. Edward Smith, for we consider that, in all our

doings for the sick paor, the pockets of the ratepayers ought to be considered equally with the interests of the District Medical Officers. There are so many interests at stake in this very intricate question, and there are so many stand-points from which to view it, that we much regret that it has fallen to the lot of the present Ministry to work this measure of Reform. A really comprehensive measure is required, with which the Treasury will have so much to do that we cannot but regret the loss of the statesmanlike acumen and financial soundness of Mr. Gladstone, for which so poor a substitute has been found in the airy if brilliant Mr. Benjamin Disraeli.

RELIGIOUS TOLERATION AND MEDICAL INTOLERANCE.

ON Good Friday, when we come to the last collect for the day, we are reminded that there is still some difference between ourselves and our Jewish neighbours. We pray for "their ignorance and hardness of heart," and the next month we perhaps admire the eloquence of a Jewish senator or the liberality of a son of Israel, for toleration has its stronghold in England; and the days of persecution are no more. The disabilities of Roman Catholics have long since been swept away, and a second Romish Archbishop of Westminster has already been enthroned. The service for the 5th of November which was a standing eye-sore to the Roman Catholics has now been omitted. Even the oaths for the members of Parliament have been made easy and pleasant, and objectionable passages have been left out. Papal supremacy is never thought of now, and the reigning monarch is too secure in the hearts of her people to require any tie beyond that of affection from her burgesses and knights of the shire. Oxford and Cambridge have been stormed by dissenters, and can now take their degree without subscribing to the Thirty-nine Articles, and they are likely to obtain a further allowance of toleration by being permitted to become Fellows of the Colleges. Whether, as a great Protestant country with a monarch who is still the head of the church, we are right in our indifference, or our laxity, or our glorious freedom and liberality of opinion, or whatever we may choose to call it, we will not stop to enquire. Suffice it to say that in Protestant England a man may have either religious opinions or not, as may suit him best. He will be equally respected whatever his opinion may be. The god of money is in the ascendant, and the thrifty Jew naturally takes a better position than a needy or unprovident Christian. Yet a man's religion is naturally the keystone of his character, and it is the most vital interest that he has, or can have. Whether it be Jew or Gentile, each values his special faith and his freedom for the exercise of its rites. Each has no wish, to interfere in this respect with his neighbours, or if he has the wish, the power to do so is denied him. Tolerance, if not laxity in religion, is a hard, practical, English fact. Commerce, too, is unrestricted. Our commercial treaties are as glorious to the British subject, as the words *Civis Romanus sum*, were to the Romans. But, if we turn from religion and commerce to medicine, we find a very different state of things existing. England is in this respect, through the petty animosities and greed of the legion of medical corporations, in a curious position. The diplomas of a British University pass muster in foreign lands, but the worthy diplomas of foreigners are insufficient in free England to protect their holders from legal persecution and ill-natured spite. Holders of good foreign degrees must pass one or other of our Halls or Colleges before they can be registered to practise. This is not justice, and it is not consonant with the principles of free trade, which is the glorious watch word of the English nation. It is easy to cavil, but, in this case, it is equally easy to find a remedy. What we would suggest as a proper solution of the difficulty is simply this: Let the holder of a foreign diploma appear before the General Medical Council,

which ought to act in this matter as the protector of the public. Let him give an account of his diploma, and if it be a true and genuine one, gained by legitimate study, let them register it in the usual manner on the payment of the usual fee. It is monstrous that medical opinion should be guided by a body, picked from the corporations who hold the monopoly of diplomas, and it is disgraceful that those of our English brothers who hold many English diplomas cannot register the foreign degrees, as legal qualifications, which not a few of them possess. We ask for the representation of the working men of the profession in the Medical Council. Let the general practitioners of the kingdom have a nominee in common with the corporations, the universities and the Crown. It only requires the decided action of a few men of common sense to place on a free and independent footing the great cause of legitimate medicine. If the Medical profession progressed with an improving age it need not fear quackery, and the quackery and advertising of either Foreign or English registered practitioners could easily be checked by cancelling their registrations and ignoring their degrees, by the legal act of a properly constituted Medical Council.

CRIMINAL ABORTION IN AMERICA.

"Why not? A book for every woman," published at Boston, U.S.A. and to be procured at Messrs. Trübner, of Paternoster row. A strange title with a strange significance. We alluded some few numbers back to the "Rights of Women," and stated, that in Boston, Massachusetts, the rights of women were freely acknowledged. We also hinted that the fair sex had an antipathy to perform the functions of their nature, and that, but for foreign recent settlers, the gifted population would gradually die out. We could not hint at the true reason that had oozed out, until we had Dr. Storer's book to go on. We have a certain amount of infanticide here in England, and it is a crime that is not unknown in America, but, as in many other things, our Trans-atlantic cousins "lick us into fits," so on this point also, they take the lead. They nip the flower in the bud. It is a rude method to wait until it is full blown. The physicians of America have discovered that the ill health of many fair ladies has arisen from either an abortion, or a miscarriage self induced. Children are in the way. Child-bed is to be feared. Conception must be stopped if possible, but if this has unhappily not been accomplished, there are means of assisting the incubus from its hiding place. Solomon truly said that there is "nothing new under the sun," and it is surely true that history repeats itself, for do we not read of Roman ladies in the time of the Empire who were no better than the present race. Juvenal says:—

*"Sed jacet aurato vix ulla puerpera lecto,
Tantum artes hujus, tantum medicamina possunt
Quæ steriles facit, atque homines in ventre necandos
Conducit."*

Juvenal distinctly shows that in his time, ladies of quality used potions to rid themselves of their burdens. The physicians in our old country, have not as yet thought it necessary to write a prize essay against self-induced abortions, to be published with all the weight of professional authority that our British Medical Association could give to such a work. Yet such has taken place in America, for we read that at the New York meeting of the "American Medical Association," it was decided to issue "a short and comprehensive tract for circulation among females, for the purpose of enlightening them upon the criminality and physical evils of forced abortions." Dr. Storer's essay has received the gold medal of the American Medical Association for 1865, and it has been resolved that its publication committee be requested to adopt such appropriate measures as will ensure a speedy and general circulation of the Prize essay written for women. We

will give the table of contents of the little book before us, and must then leave the matter in the hands of our readers. For the sake of the many pious and gifted ladies across the Atlantic, we will hope that this American physician has overstated the case against the fair sex. Had this little volume been the effort of other than an American, we would not have noticed this extraordinary imputation. The contents' headings are as follows : Prefatory remarks, I. Origin and Purpose of the present Essay. II. What has been done by physicians to foster and prevent the evil. III. What is the true nature of an intentional abortion, when not requisite to save the life of the mother. IV. The inherent danger of abortion to a woman's health, and to her life. V. The frequency of forced abortions, even amongst the married. VI. The excuses and pretexts that are given for the act. VII. Alternatives, public and private, and measures of relief. VIII. Recapitulation. Appendix : Correspondence.

THE CASE OF DR. PART.

WE have had another instance during the past month of the fact that doctors have but few friends, and that there is a numerous class of people who are ready to take advantage of any circumstance, however trivial, that has in it the shadow of a foundation for bringing up a scandal against any honest gentleman simply because he is a doctor. Doctors, generally, are silly enough to work for nothing, and the public, therefore, considers that doctors *ought* to work for nothing, and when it hears that a grateful old man who had known a hard working and benevolent practitioner for twenty years, and which practitioner had been honorary medical officer to the Artists' Fund for a long series of years, of which the old gentleman was a member, it is horrified to hear that the lonesome old person should think a *doctor* worthy of a little legacy for his frequent acts of kindness and humanity. Eaves-dropping and disappointed legatees, whose legacies were not so fat as had been expected, began to talk, and the doctor's name became mixed up with the death of Mr. Golding in a very unpleasant manner. The result shows that there was not the ghost of a proof of guilt against the worthy doctor. There is no use to mince words : the public had got it into its head that "a greedy and unprincipled doctor had poisoned a confiding patient for the sake of gain." These were the floating rumours which the result of the trial has disproved so convincingly. The fact is, even if the body had been found saturated with poison, there never was any case against Dr. Part. We have a bone to pick with Dr. Lankester about this case. We would remind him that it is his duty to stop unnecessary inquests as much as it is to hold inquests in cases of suspicion. There was not the ghost of a fact which could place Dr. Part in the dock as the poisoner of Mr. Golding, for the entire evidence went to prove that Mr. Golding had died a natural death. If there was a shadow of suspicion at all against Dr. Part, it could simply have been a question as to whether undue influence had been exerted by him as to the disposition of his patient's property. With such cases as this, Dr. Lankester, as Coroner for Middlesex, has nothing earthly to do. Indeed, we pray for the time when coroners' courts shall be amalgamated with the offices of our worthy and accomplished stipendiary magistrates, for we want the knowledge of law in a coroner. In Dr. Lankester we have a gentleman who is a sort of Trinity. He is Coroner for Middlesex, he is Health Officer for St. James's, and he is President of a Department of the Social Science Association. Of these three positions the one most suited for his talents is the last, for in that he can indulge in any flights of fancy without any one wishing to question his conclusions. But in the first appointment we require an appreciation of *facts, stern facts*, alone. We cannot dismiss this case without a few words as to a most glaring evil which demands immediate reform. We have

been honoured by receiving a note from a scientific and skilled analytical chemist of high position with reference to the point under notice. We will give his own words, which convey the point in that lucid manner, which genuine and practical knowledge of a subject always carries with it. "There is no evidence to support the charge of poisoning but the body which is exhumed and made to bear witness for or against the accused. How is the examination of this dead witness conducted? Not in presence of a judge and jury, nor in presence of the accused or his representative. The organs of the body are sent to any chemist a coroner may happen to know, and who will undertake the responsibility and a week's work for a reward of one, or at most, two guineas. The chemist conducts the prosecution in his private room and at his leisure. By his report he virtually pronounces the verdict, for appeal is impossible. *He has destroyed the witness.* Such a summary mode of proceeding is both unjust and imperfect. Analyses, the results of which may involve the life of an individual and the honour of a family should be made by men appointed by a more competent authority than a coroner. They should be conducted by at least two chemists, and the accused should have the right to send his representative to watch the examination and detect any error that might be committed. Such a system would command confidence and would promote the science of Toxicology." We cannot too heartily endorse this opinion, and we recommend it to the notice of all practical reformers both lay and medical.

A MEDICAL "COMPLETE LETTER WRITER" AND

MR. GODWIN, F.R.S.

The general practitioner does not often read the *Builder*, although there are often many articles in its beautifully printed columns which might prove more useful to medical men than the too frequently "wordy dronings" of the *Lancet*. To those, who go on the principle of prevention, by means of good sanitary arrangements, being better than cure, by means of drugs, the many scientific, yet practical sanitary articles of the *Builder* are especially valuable. The study of oneself, and of one's profession, is very useful, and it is wholesome, if not always pleasant, "to see ourselves as others see us." The conductors of the MEDICAL MIRROR, therefore, always wish to let the profession see what is written about it and its members by those men of science who do not belong to the healing body. They know that many medical men, through reading a class literature, which flatters them by praising the talent, the attainments, the research, the deep scientific labours of the physiologist, the chemist, the anatomist, the physician, and the surgeon, and all the various details of the educational course of the student of medicine, often become coated by such a thick crust of egotistical self-conceit, that they imagine themselves to be the only pure sources of science, and that their learned views alone hold within them the very utmost limit of scientific knowledge.

We extract below, from the *Builder* of the 22nd September, an article and a portion of a "private" letter, which accompanied a pamphlet by the said "private" correspondent. That any or every physician should send his published cholera opinions for review to the *Builder*, is not surprising, from the very high scientific character of its accomplished editor, Mr. Godwin, F.R.S., but we do consider it extraordinary in the extreme, that any man, who knows the honest, English words, "*fair play*," should think it worth his while to earwig any Editor, by trying, in a "private" note, to warp and bias his critical judgment. Yet such has been the conduct of this "*eminent physician*," with reference to the *Builder's* able editor. Let us, as medical reviewers, state boldly that criticisms thus gained, or gained simply for the sake of the eminence of a name, and not for the intrinsic merits of a work, are not worth the paper they are written on, and that a preface by a

biassed friend, whether he be of high or low degree, is not even a feather's weight in the balance of honest medical opinion. It is well that this "eminent physician," whose preface has been written by the "*highest authority*," may also be termed the "*great unknown*," unknown save to the editor of the *Builder*, who of course will not give up his name.

We are glad that Mr. Godwin has vindicated the independence and freedom of the press by a plain statement of his own unbiassed views, and we thank him for showing to this medical Nicodemus, that favourable criticisms are not to be obtained by going up the back staircase of an editor's room. We have no doubt, that had a favourable criticism been obtained, when blazoning forth the sweet incense of flattering words, this "eminent physician" would not have mentioned the private special pleading which had obtained the notice of his pamphlet. We do not know who this "eminent physician" happens to be, neither do we care; but whoever he may be, we would strongly advise him, before giving vent to his opinions, that the cathartic or evacuant treatment is the "only rational and successful mode of treatment," and that "the sooner the whole world can be taught that science and common sense take the same view of the matter, the better for the said world," to take the opinions of his 18,000 British medical brothers on the subject. Until he has received the assenting suffrages of his many fellow-workers, we do not consider that the republic of medicine will assent to his proposition.

The evacuant treatment of cholera is the cast-off garment of Indian practitioners, who have found its uselessness as the "only rational and successful" treatment of cholera.

Mr. Godwin, in the following paragraph, clearly shows the opinion he has formed of the unceasing medical squabbling with reference to cholera, and he is amused to find the "latest medical thing out," to be nothing but his *own theory* borrowed for the occasion, to run in harness with the *borrowed treatment* from the Indian doctors.

When we have said "*Nemo mortalium omnibus horis sapit*," we have summed up the doings of this "eminent" physician. The paragraph from the *Builder* runs as follows:

Sanitary Improvement and the Builder.

"An eminent physician, we withhold his name because his note was marked 'private,' in forwarding a copy of a pamphlet "On the Nature and Treatment of Cholera," addresses to us these observations:—"I enclose a small pamphlet on Cholera. If you read the preface, you will see why I desire particularly to call your attention to the subject. We doctors have done as much as we shall ever be able to do in the way of ascertaining the nature and cause of the disease, and the true principle of treatment. The engineer must now take up the subject, and prevent the disease by giving us pure water. . . . You see that I have the highest medical authority to support my views of the nature of the disease. You cannot read that part of my pamphlet without feeling a deep interest in the subject, and the sooner the whole world can be taught that science and common sense take the same view of the matter, the better it will be for the said world."

The portion of the preface pointed to is, of course, that which says that 'Cholera is a disease, which is bred and nourished in filth,' and that we have poisoned our river. 'We drink diluted sewage, and we thus establish a strange circulation of loathsome organic fluids.' (N.B.—The object of the pamphlet is to urge, 'as the only rational and successful method of treatment,' the cathartic or evacuant system. Another physician, in print pronounces this system to be most dangerous, and certain to carry off the patient! What are lay searchers for truth and safety to say after this?) A second distinguished practitioner, who might be supposed to know all that has been said and done towards spreading a knowledge of the condition of London, and the want of proper water supply, gives us, in a very kindly

way, reasons why we might now very properly take up such questions, and endeavour to obtain water for the poor on Sundays; while the Medical Press, speaking more generally, is glad to observe that the 'lay press is already taking up the impropriety of storing our drinking water in butts and cisterns, which too often become the receptacles of disease,' against which system it had several times lifted up its voice. The ignorance of what has been done, and is being done, by others there and in a thousand other quarters shown, is a disheartening characteristic of the times. Such is the personal struggle now-a-days, that no one seems to know anything but what he has done himself, especially of what has been done by those, on the results of whose labours he has founded his own little buildings. For fifteen years, and more, the conductor of this Journal has sought, with pen and pencil, to show the want of pure water that has prevailed; the miserable nature of the receptacles, where there were any, used for storing it; and the belief, founded on strong evidence, that by means of impure water, cholera was greatly spread. We gave accounts of cases fourteen years ago, where typhus fever was unquestionably produced by the drainage getting access to the water-well. We early, if not first, set forth the connexion between the now noted Broad street pump, and the outbreak of cholera in its neighbourhood, and co-operated with the late Dr. Snow, in some of his inquiries, which further proved the connexion between polluted water and choleraic disease—what is now called 'the great sanitary discovery;' and we have examined, during many years, hundred of houses in which there was never a pint of water on a Sunday. This one most important discovery, a good supply of pure water, we have set forth in all conceivable ways through these pages, and in separate publications ('London Shadows,' by Geo. Godwin, 1854, 'Town Swamps,' 1855, &c., &c.), and our words have been echoed by the periodical press far and wide. We can, therefore, spare the suggestions of eminent physicians, the majority of whom, at that time, had not arrived at the conviction they now wisely hold as to the value of sanitary improvements as preventive measures. If our warnings had been attended to, there is every reason to believe, thousands dead might now be alive. The very streets and houses that we pointed out years ago as fever-nests and death-dealers, have again given up their inhabitants to the grave. We are glad to hear that a petition has been drawn up, and is to be presented to the House of Lords, when Parliament re-assembles, praying it to 'take such steps as, in its wisdom may seem best, for the immediately placing the supply of water to the metropolis, on a better footing, in respect to quality and quantity, and a reduction in the scale of rates as at present levied.'"

THE ROYAL MEDICAL CHIRURGICAL SOCIETY, V. THE MEDICAL CLUB.

We congratulate most respectfully this excellent scientific society on its continued and increasing prosperity. While it numbers among its Fellows all the members of the profession who are any way distinguished, it has also the extremely valuable property that it excludes no member of the profession who has the honour to call himself a gentleman. It has been said that there is a want of a medical club in London, but those who are best competent to judge concerning the matter, have decided unanimously against it. While the Medical Chirurgical Society continues to flourish we have no need of a medical club. Let the conductors of this magazine, as forming humble units of the body of the Fellows of the Medical Chirurgical Society, respectfully point out that at a time when the town is so crowded with country doctors that it would only be graceful of this Society to open its spacious rooms for reading purposes to the medical visitors of the metropolis. The question how far by an addition to its already spacious apart-

ments a limited amount of refreshment might be supplied to its reading and writing Fellows, is somewhat premature. Suffice it to say, that such a system has been found to answer very well at the British Museum, where "readers" in the magnificent and luxurious library of the Nation can partake in a separate room of a frugal meal, without the inconvenience of leaving the building. The Athenæum ranks second to none as a scientific institution, yet it has the advantages of a club. We trust the "Sydenham" promoters will pause before they attempt to float a new scheme, which, in our humble opinion, has no prospect of universal professional support.

ROUNABOUT PAPERS.—No. V.

THE FIRST OF OCTOBER.

THE various medical schools are to-day crowded with a pressing and an eager throng. Many general practitioners are to-day visiting the haunts of their student days, leading into the paths of scientific medicine the youths that, if spared, are to carry on after them their old and thriving practices. There is a great deal of *esprit de corps* among the former students of the old hospitals. "Guy's," "Bartholomew's," and "St. Thomas's," are pillars in the medical world, and a prestige from old times sheds a halo around them, which all the flaming advertisements of the newer hospitals cannot counteract. Paterfamilias still enters his son at the old place that has for him that charm which youth lent to it. It has been an exciting time for many a country doctor. Things happen so awkwardly. The patients do not understand what it is to have a son to cast loose on the metropolis, and the first of October with them only means that fires are wanted, and that people, who have town houses had better think of starting for them.

Confinements, like the tide, or time, wait for no man, so a *locum tenens* has been engaged, even for the short but precious week of the doctor's holiday. Materfamilias has been very busy with the wardrobe of the embryo student, and she has been at her wits' end for her husband to renew, for their son's sake, any old acquaintances in London that he may have ever formed. "It would be so nice for dear —— to have some good society." Though the doctor has had a tiring and a trying time of it, owing to his sudden rush of business, just at the very time when of all others he had wished for a little peace, yet he has had to talk far into the night with the anxious mother. Then, of course, he has been anxious himself. Although he

remembers when he and the famous ———, the great London specialist, dissected the ligaments of the foot together, yet he does not feel sure whether this great lecturer and man of science will deign even to remember him, much less take any interest in his son. The letter he has received from him was certainly courteous, but yet it was dignified and somewhat grand.

The chief feature about the missive was its big envelope. It was square, and so constructed, that ordinary note paper would only require once folding. The successful specialist's moments were evidently too precious to allow of much time being taken up with unnecessary foldings of trivial letters. It is quite enough that such a man should *write*, for there are some of our successful men, who affect a secretary for their business letters, which leaves the great man himself free to burn the midnight oil and evolve new operations and theories from his teeming brain and write his cheques.

It wants but a couple of days to the auspicious First of October, the day so long looked forward to by the hopeful student. His first idea (locked up in his inmost soul) is to see life and have a latch key. The hall and the college are in the future. They are as yet distant goals, and there is a great deal of pleasure in the world to be got through before settling down to the terrible grind to get through those horrid ordeals that the foolish old gentlemen in the Medical Council keep making more and more unpleasant. As if the classes were not sickening enough already and numerous enough in all conscience.

The *locum tenens* is away in the gig, and the father feels himself a free man, and has much delight in his new freedom. He has seen at the last moment to the making up of a very particular bottle of physic for his best lady patient, a lady, by the bye, that he is anxious about, and who may after all disturb his holiday. There is no pleasure without some alloy; and pleasure is all the sweeter for it. But this is not the opinion of our worthy doctor this morning. He is an enthusiastic midwifery practitioner, and in triumphant moments can tell you how many thousand of his fellow-creatures he has assisted to bring into this wicked world. He is a staunch supporter of the Obstetrical Society, and has often contributed to its excellent "Transactions." But to-day his feelings are not quite so strong, for he dearly wants his precious week in town, and he feels that the lying-in of his best lady patient, usually a splendid triumph, would be an eclipse for his bright week, more awkward than delightful. The mother and the girls have been very busy with the packing, and things are only just got ready for the surgery boy to cord and carry to the gate, as the coach approaches. Such a bustle and confusion. Everybody in the little village seems to be going to the railway to-day, and the coachman is bad tempered,

and in a dreadful hurry, for he carries the mail bags, and is thus an important member of the Government. Both father and son are on the top of the coach in a twinkling. The father has his Bradshaw, his Student's No., his rug and his sandwiches,—cut in the grey morning that they may be fresh and toothsome for the travellers. Nothing has been forgotten, not even the wine glass that has lost its stem, to drink the sherry out of, on the journey. All is there, and they are off, at a great speed, for the coachman is vicious, and is cutting at his horses to make up for his late start. He will be better after his morning glass of "bitter." A pocket-handkerchief is waved at a certain window (which shall be nameless) early as it is, as they rattle past. The student waves his hand in a blushing manner, and then turns and sees his mother and his sisters still standing in the road "to see the last" of them. They are waving their pocket-handkerchiefs, but before he can respond, a bend in the road hides them from his sight. They pass the village church and its little graveyard. Deaths are rare in this healthy village, but a little patient of the doctor's died of scarlet fever a day or two ago, and the old sexton has been hard at work since sunrise. He is standing by the churchyard wall to see the coach go past, and he waves his shovel at the "young doctor," for he has an interest in the lad, and has taught him how to fish, and where to find birds' eggs. The youth, full of bright dreams and pleasant hopes sees nothing in the new made grave. In the sunny horizon he has before him, that last resting place finds no place, for he is a healthy, honest lad, that all must wish God speed! The doctor is as merry as a schoolboy, and he nods good-naturedly to the country folk who greet him, as the coach passes cheerily along the village lanes. There has been very little breakfast eaten in the doctor's house this morning by any of the family. The father was hidden in his surgery up to the latest moment, seeing to the judicious readjustment of his labels, which, between friends, very much required this process. The *locum tenens*, though possessing the highest testimonials, and recommended from a famous Transfer Office, could not, of course, be expected to know that the bottle labelled Tinct. Camph. Co. was in reality Vinum Ipecac., and that the soda was always put in the magnesia drawer.

The student has been in a twitter of excitement, but he is away at last, and all is settled to his satisfaction. He is to have a snug little sum weekly for his expenses, and, glorious thought, he is to be his own master in the merry town of London. For this, he has to thank his father, for the mother was pressingly anxious that he should be put in one of those mongrel medical schools where all gates are locked at ten p.m. A place, verily of mixed joys to the student, redolent of deans, tutors, and principals, and all the paraphernalia of a University, *saving its*

prestige. Our great London hospitals have no need for any adventitious trickery and require no borrowed light. A black gown or a square cap adds nothing but absurdity to a London Medical School, though picturesque enough in the ancient and venerable quadrangles of Oxford and Cambridge. The father had said, "When ——— and I were chums, we had a nice little lodging in the Borough, not far from the old place, and I never was any the worse of it. And I don't see why a chip of the old block should be either." So it was settled. The father had got a clever companion in his eye as a fellow lodger for his son. They were to be chums together. "Boys will be boys," said the father, "and if he gets his diplomas, I am satisfied, for his real medical education will begin when he has got them."

The little country station on the single line of rails is reached at last. The great junction town is distant, and there the luggage of the traveller will be labelled LONDON (*Euston*). We must leave them here. Perhaps we may meet them at "Guy's," at two p.m. on Monday, and failing that, we are sure to meet at "King's," at eight p.m., to hear a titled surgeon tell his simple tale.

Let us hope that the youth may not disappoint his trusting parents. We confidently expect to see him returning with his fresh diplomas in their bronzed tin cases to the paternal roof, to share the pleasures and the toil of a country surgeon's life. He is sure to visit the Alhambra, the Argyle, and Cremorne, and unless students are much changed, he will have a kindly regard for pipes and bitter beer, but while he does these little things, let him ever remember the true business he has got in hand, and that continued study is better than a fierce and fitful diligence when the hall and college are quite close upon him.

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. We are compelled to hold over several Original Communications and Reviews, owing to press of matter.

THE MEDICAL MIRROR.

NOVEMBER, 1866.

ORIGINAL COMMUNICATIONS.

ON THE PRESERVATION OF HEALTH.

BY THOMAS INMAN, M.D. LOND.

CHAPTER III.—FEEDING AND FOOD.

IN a very few days after the affectionate couple we described in our last chapter, have entered upon their honeymoon, a very important question arises for their consideration daily, and it is generally discussed after breakfast.

During the first burst of fond devotion, they can leave to the waiter or the landlady the selection of their viands, but sooner or later, the question is sure to pop up, "My dear, what shall we have for dinner to day?" At first, this important matter is discussed with great minuteness, each one vieing with the other in desire to please, and studying each others gastronomic views. As time progresses and nothing is left of the honeymoon, save the jars, the daily question is discussed in another way, and too often perhaps for the wife's comfort, the husband curtly answers the question, *erst* so interesting, with the reply, "Whatever you please my dear." But if his *cara sposa* takes him at his word, and having a sneaking fondness for a cold leg of mutton, offers to regale him with it too, it will probably be found by her, that such an answer is a prelude to a note announcing an unexpected engagement, and a dinner at the club or a restaurant. As most wives however, rather enjoy their good man's return from his business, and like to hear and retail their mutual news, they endeavour to make dinner the pleasantest meal of the day, and so in consequence they study the culinary art and its practical application. What it is *advisable for a wife* it is *necessary for a physician* to do in this respect. She has to cater for one whose appetite and digestion are usually good; he has to prescribe or suggest a diet for one who loathes ordinary food, or cannot digest it if he takes it. In the days when, as a nice young man, I was admitted to tea-tables round which ladies congregated, I heard

many a gossip about the doctors in the town ; but of none were such eulogies spoken than old Doctor St. C., whose knowledge of cookery surpassed belief. At a dinner table, his abilities were shown in talking of the dishes, and he would tell of all the methods in which any particular dainty could be presented. He was equally great on wine and could discourse eloquently on vintages, but of that the ladies cared little ; words scarcely sufficed to sing his praises in the sick-room, and happy was the lady whose husband could afford to pay for his attendance ; he would sometimes make a delicious basin of arrowroot, or he would instruct the cook how to make a tempting omelette or a most appetising custard. Then perhaps, after a long talk, my respected aunt, who used to patronize me on such occasions, would turn to me—then a medical apprentice—and say : “ There, Tom, you hear that if you want to be a successful doctor you must learn to be a good cook.” I took her advice, and years after, repaid it in kind. However much the wife might dislike the answer “ Whatever you like,” to the question about dinner, she would I fancy, dislike still farther a dissertation on the value of food in general, and each dainty in particular, and I cannot imagine that the reader of these pages would relish such a long story any more than the lady, what we have to say therefore, should be short, and to the purpose.

As a rule, dinners should be hot, appetising and digestible. The dictum is short enough, but it is a text for a long sermon.

Like many divines, however, we will ignore our text and treat the subject in our usual fashion, and by studying others, draw some deductions for ourselves. Nature has provided for the young of all mammalia milk for a sustenance. On that fluid they thrive, increase in weight and strength, and develop intellect and bone, it is clear, therefore, that milk is a very valuable nutrient, but cows run dry and jenny-asses and mares do not always carry full udders, it is equally clear therefore, that other food is intended for animals after the period of infancy.

The food of the young creature when weaned, is, in some classes purely vegetable, in others purely animal, and in some it is mixed. It is not that the diet is dictated by necessity, but by instinct. The Creator has made the jaws of some to grind down roots and boughs, and those of others to kill, tear, and rend other animals. The grass-eating deer is fat and fleet, the flesh eating wolf is gaunt and slow, but the endurance of the latter will run down the former, and make it food for itself. Again, the deer and the ox and the horse, all live on the same sort of food, yet have little in common save their bulk. The dog lives on flesh like the lion and cat, yet the three are distinct in their habits and characters. It is not then the food that makes the tiger roar, the sheep bleat, or the donkey bray. No matter what the

particular sort of food taken, each animal retains its own personal propensities. It is true that the use of one rather than another method of feeding will make sheep, pigs and oxen more *tasty*, but as men do not feed themselves with a view to the gastronomic enjoyment of ogres we need not descant upon it. But, though a pig will never be a cat, however you may feed him, there are some striking characteristics about certain classes of animals. As a rule, all vegetable eaters are fat, as a rule all animal feeders are spare, thin or meagre. *Cæteris paribus* the two have equal strength, but the last have the greatest endurance.

In this respect, however, there is a farther distinction to be made, the horse at ease in the fields can derive sufficient from the grass to keep him alive and well, but, if the master wants the creature to work, he takes him from the pasture and gives him dry food, and still farther, if he want to test his endurance to the utmost, he will give him beef and beer, the former in the shape of a steak round his bit, the latter as a drink pure—or mixed with meal. But the careful jobmaster or thoughtful squire knows that a perpetual diet on hard corn cannot be kept up for years without injuring the horses, and he judiciously mingles the dry beans or meal with vetches, carrots, or freshly cut grass, or green oats. From all these observations we deduce that a fluid diet makes creatures look sleek and fat, but does not make them strong, and we can recal with ease, the picture of many a plump looking woman, who is always complaining of weak nerves and trying to live on a diet of bread and butter and tea. Such may be compared to whales who have blubber rather than fat, or to water-melons, which owe their size to the same cause which makes a jelly-fish so huge.

We deduce in the second place that a vegetable diet encourages fatness, gives adequate strength and agility, but does not impart endurance, and we remember how we have read of Frenchmen, living on pulse, in vain attempting the work of an English navy, a task they fulfilled with ease when they imitated his diet and indulged in meats and solids.

An animal diet weight for weight, imparts more than double the support to life yielded by a vegetable one, and is therefore, specially adapted when endurance is required.

But the lion who gorges himself on ox requires a sleep after dinner, while the deer who stuffs himself with grass seems rarely to sleep at all, we conclude, therefore, that for one whose business requires unceasing toil, a vegetable diet will be preferable to an animal, while to another whose avocations are comparatively fitful, a long rest alternating with intense bodily fatigue, a pound of steak will do better than a quarter of a stone of potatoes.

These considerations may enable a man to say how far he

will prefer a vegetarian feast or an animal banquet, or the two combined.

But there are other considerations to be thought of. One man may dine early, and have the appetite and digestion of a wolf, another, may be obliged to attend to his business incessantly from morn to dewy eve, the first would relish anything not absolutely bad, the latter has to be tempted with dainties. The one sniffs the sirloin from afar and feels his mouth watering, the other scents it too, but his "gorge rises" and his appetite disappears. I can well remember feasting with great gusto at a certain London eating house while the Medical session was new, and I was "a young man from the country," while at the end of the session my disgust of that same house was such that I could not endure to enter the street where it was.

Whenever exhaustion precedes the feed, it should be prefaced by something very light and easy of digestion, hence, soup and fish form the first remove of late dinners, and, except in winter, are rarely seen at lunch. Who, with a beef appetite, cares to sup broth, and how many are there on the other hand, who can eat from a gigot *because* they have prefaced with vermicelli. Those who live in the country and come home to a late dinner, after a long day's work in town, will find great comfort from a cup of tea and a slice of bread and butter ere they leave, to go on their return journey, and will find that, a slight repast, like that, will prepare them for a heavier one.

There is yet another method of looking at diet which cannot be altogether passed by. I will introduce it thus: A plant abundantly fed, by manure, &c., gradually becomes "double," *i.e.*, it becomes a noble specimen of its species, but it has no offspring. I have known vines nourished until their leaves were as large as those of rhubarb, but one tiny bunch of grapes on each tree gave scant promise of progeny.

In like manner, too abundant a manuring will increase *straw* rather than grain. On the other hand, the gardener who wants *seed* cuts off from his plants both water and dung.

It is much the same with us: The pampered sons of wealth have few children while the sons of toil and poverty have abundant flocks.

We can fancy some who would like to live well, so that no noisy infants might disturb their repose, but those we have no sympathy with, and will leave to their own devices. Our hearts would rather warm towards those who see year after year pass by without any branches springing from the parent-stock. Doctor said such an one to me, "I want to tell you something." The young man was the *beau ideal* of youthful health, and at the time of our colloquy was about seven and twenty years of age, a private gentleman living on his means, but studying

medicine as a sort of luxury and attending my class. His words ran thus : "Did you ever hear of bread and milk being associated with a family ?" "Not exactly, said I, but why?" Well he said, my wife and I had been married five years and had no children, though we were both particularly anxious for them. One day I read in some book, that a diet of bread and milk would sometimes enable folks to overcome sterility, and I told my wife so, she agreed to try it, if I would. We did, and ere five weeks had elapsed she found the first evidence of pregnancy. Since then we have had a yearly increase."

To the thoughtful mind one such experience suggests more, and the same idea will be found in the following anecdote for whose authorship I can give no account except that I heard it from an Irish clerk. Lady —— who had wealth and comfort in abundance but no offspring, while visiting an old foster nurse on her estate, and one who had abundance of children, asked how it was that she had so large a flock ? "Ah ! said the housewife, it's all along of Pat and the praties." Struck with the observation, the titled lady imitated the diet of Biddy, but, as no sign of increase came, she again consulted her old friend. The reply was too coarse for our pages, but we may imitate it by saying that Lord —— probably did not live on potatoes as "her Pat" did.

We have got thus far without saying definitely anything about the digestibility of this or that dish ; no wonder, for we consider everything, which ordinarily comes to table, good to eat : if the stomach and palate enjoy it, good and well, if not, few people will indulge in anything.

I have been asked a thousand times "Doctor what may I eat?" My answer always is : "Whatever you like best." If the illness is such that no choice can be made, I suggest a dish, as I would a medicine.

There are some exceptions to this rule, but I could not enter into them without writing a dissertation upon indigestion, &c., practically there are no exceptions to the rule amongst the healthy, that people may just eat what they like.

It is time now for us to return to our text. We said, that as a rule, dinners should be hot. A few minutes thought will suggest the reasonableness of the rule. The temperature of the stomach is 96° Fahrenheit, and that heat is important to digestion. If during the artificial digestion which the chemist shows to students during his lecture, he reduces the temperature below 70° the process stops ; the ingredients are all as they were before except the caloric, but they no longer act. In the same way an individual whose circulation is not strong enough to keep up the warmth in his stomach by a vigorous supply of new blood, to replace that which has been chilled, cannot take a cold dinner, or an ice, after a hot one, without having evidence that his diges-

tion has been impeded. A hot dinner gives an impulse to life, a cold one draws upon the vital powers ere it recruits him. I can imagine some of our navvies eating frozen horse with impunity, but I cannot believe that a similar chunk given to one of Franklin's starving sailors, staggering literally on his last legs, in the vain hope of reaching safety, would revive his energy, he is cold enough already, and a mass of cold meat would not warm him. Many can remember accounts of death arising from drinking cold water when the frame has been exhausted by violent exercise, and cold meat is quite as bad. The jaded mechanic will digest with ease a slice of mutton fresh from the baker's oven, whilst a similar joint cold will take a return ticket, and instead of becoming chyme in his stomach, will become "heart-burn" in his throat. Even "nature" knows this much, and always warms the milk which feeds her sucking young ones.

Cold cheese to many is indigestible as leather, yet I have never found a stomach which quarelled with it hot. Toasted cheese, fresh from the Dutch oven, is one of the most digestible dainties which enters the dining- or sick-room.

It will readily be seen, that the idea of heat imparted by such condiments as peppers and mustard, and horseradish are not equal to the heat given by fire. The first may be appetising, but they can't make cold mutton hot; we have shown elsewhere that cold wine is not so good as hot negus, and that cold brandy-and-water will produce eructations which a hot mixture will allay.

These matters are of small importance when persons are in high health, but where their constitution is somewhat impaired they cannot be avoided with impunity.

Again, a dinner should be such as to suggest the idea of pleasure in eating it. Now a man does not like, as a rule, to sit down to a strange dish, or sometimes to an old dainty under a new form. We can eat ducks which revel in mud, and swine who eat with their feet in the pig trough, yet our gorge rises at horse-steaks and a bit of a "bow-wow" will produce an indigestion in an Alderman. We can relish oysters but can't manage snails, and revel in whitebait while we reject frogs' thighs. Stomachs, like their owners, are apt to go in a sort of beaten track, and refuse to leave it for novelties. New flavours are therefore, more apt to disagree than old ones, and a familiar dish will suit a tired man, while a new one will give him dyspepsia.

It matters little what the old thing may be. It may be to the Esquimaux a bit of half putrid seal, to the Irishman a hard potatoe, to the Frenchman a clove of garlic, or to the Alderman some green fat. Yet if it "make the mouth water" it will be appetising and digestible. To ordinary beings ordinary diet is better than perpetual change. When we say that dinner should

be digestible this pre-supposes a knowledge of the individual who is to eat it, and the condition of his stomach. I have been told, that in the first Arctic expedition of Franklin, the cook of the party came to him one day, with the remark that he "wanted the leather breeches he wore, to cook them for dinner!" and Franklin told my informant that he not only gave them, but partook of them with relish; but no one would thence infer that leather was digestible, and would make soup equal to "Julienne." I have too, some friends who, from the exigencies of their position, enjoy tainted fish and stinking eggs, yet I should find them indigestible in the extreme. Cucumber is said to be one of the worst things going, for the stomach, yet I know a delicate woman who almost lives upon it during the time it is in season. I know another who suffers misery from a meat diet, and yet thrives upon cold fruit. Some of us revel in dishes swimming with fat, oil, or butter, others cannot bear even a *soupçon* of oleaginous matters.

No code can be drawn up which shall suit every one, and each, therefore, must be a judge for himself.

Aprpos to this part of my subject, I must touch upon what is called "rareness." There are some who love to see their steaks juicy, and their sirloin full of gravy, there are others whose stomach is turned by that which bears the look of "rawness," each avers that the condition which himself enjoys is the most conducive to health.

As regards digestibility there is in reality little difference between the one and the other; and what little there is leans to the side of rareness, raw meat is by itself very digestible (even by the infant) far more so, than when cooked. But, and the exception is important, underdone meat is apt to produce tapeworm. The dog, fox, wolf, and all carnivorous animals are subjected to this disease, and so is that man, who from choice and necessity, eats food insufficiently cooked. The germ or eggs of certain parasites which infest the human body are to be found in another form in the sheep and cow, pig and goat, and if not killed ere we take them they begin to grow into the perfect animals in our intestines. Efficient cookery destroys them.

A medical friend one time came to me with manifest concern on his features, and drew forth, from a mysterious looking parcel, the remains of a leg of pork he and his wife had been dining on. While finishing with a nice little slice, his eye caught sight of some curious looking holes, he thought of measles in the pig, and could eat no more, to know the worst he came to me, asking me if there were really any creatures there, and if so, whether they were alive, for if they were he would take an emetic at once, rather than be a nest for a set of tapeworms. On using the microscope I soon found myriads of what we call hydatids,

which consist of a ring of sharp hooks and a bladder, which though very innocent looking, will grow into a curious creature, which looks prettier in a quack doctor's window than in a Christian's bowels, but all were dead, the cooking had effectually killed them, for the germs of tapeworm cannot bear roasting any better than a philosopher.

It is not pleasant to think that any of to may have eaten boiled caterpillars with our cabbages, but it would be far worse to believe that we had swallowed them alive.

In our next Essay we propose to consider the much vexed subject of Drink.

(*To be continued monthly.*)

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WORKHOUSE REVELATIONS.

BY A QUONDAM DOCTOR.

DISPASSIONATELY, after a quittance of eight years, but with most vivid recollection of the horrors I have witnessed, I offer a few remarks on the treatment of the sick poor in our metropolitan infirmaries, derived from a practical experience of five years, as medical officer to one of the most prominent of these institutions. I am, consequently, not an amateur visitor, nor a commissioner of any journal, who has paid one or two short visits to inspect the surface and obtain glimpses of the present system, but one who has submitted the whole routine and all its shortcomings to most searching personal observation.

In initio, I should state that my knowledge of guardians has been restricted to London; but as these are considered to be more enlightened, they are, I presume, more humane than their *confrères* in country districts, hence the necessity for a review of the organization and management of parochial infirmaries throughout the land. For my own part, I have a very unfavourable opinion of guardians generally, as they are mostly illiberal, oppressive, and factiously opposed to their medical officers, who sympathize, they assert, too much with the sick and suffering poor.

Those who are not acquainted with the usual conduct of *guardians of the poor* (a misnomer on the *lucus a non luceudo* principle), may think me too severe and general in my condemnation; but if I err, it is on the side of truth, not of exaggeration. Some few guardians on commencing office appear to be generously disposed, but they soon become, as a rule, corrupted by association, and they seldom act long without forfeiting all self-respect, so that I have long regarded that for a guardian to be a *man*, using the word in its broadest acceptation, is a psychological impossibility.

A most comprehensive and systematic inquiry is necessary to be instituted. The power should be wrested from the present type of guardian, the authority of the Poor-law Board altered and enlarged (as some parishes, on account of local acts are, to an extent, beyond its jurisdiction), either by government intervention, or by the introduction of a well considered and complete measure, by an independent member of the House of Commons. It is of the first importance that proper men be elected to the parochial boards—gentlemen, mixed with tradesmen of respectability and integrity, who have liberal and humane views. By such change, we need have no fear of local self-government. It is the importation of what may be termed the “public-house” element or party, which operates to exclude good and conscientious men, who refuse to sit and act with the existing specimens of the parochial magnate. I must add, though I am sorry to affirm, that in many instances, the clergy, who appear on most boards in virtue of their clerical posts, are like their brethren on the bench in rural places, very overbearing and hard upon the sick pauper.

The mode of appointment of the whole workhouse executive requires considerable revision, and an investigation to be searching and satisfactory, should embrace an analysis of the status and character of the individuals composing the various boards and vestries, and the sources whence the masters, storekeepers, relieving officers, porters, and other subordinates are recruited.

As to the Master of the workhouse. At present, this functionary, whose duties are most arduous and responsible, is a man with little or no standing or character. Often he has been previously porter to a workhouse, and been gradually advanced from the mastership of a small country union to one in the metropolis. There are, of course, remarkable exceptions, but the exception ought to be the rule. I have long held that if, as in the case of prisons, the master or governor was a gentleman, say an ex-captain in the army, the discipline of the workhouse would be better administered. A larger salary would be necessary, but such increase in this and other appointments, to which I am about to refer, would not augment the rates more than the fraction of a farthing.

The Storekeeper should be equally well paid, be of high character, and well overlooked, that there be no collusion between him, the master, the contractor, and the cook, which, I have reason to believe occurs, to the detriment of the sick poor. I have a note before me (dated) of a complaint made to me of short measure in various stimuli I had ordered. I measured the amount of some, and found in one ward on the same day, that two ounces of gin in two cases measured only one and a

half ounces. In another ward, in two cases, there was also half an ounce deficient. In another ward, in two cases, half an ounce of wine deficient, and in another instance, half an ounce of gin short. These, to avoid imposition, were measured in the presence of the dispenser, as the fluids were brought from the stores.

The Porter is usually selected by the Board for his bulk and strength, significant tokens of the duties appertaining to his office. To the uninitiated this man appears an obscure and unimportant personage, and he is, as a rule, most noticeably civil and attentive to a ratepayer, and, *à fortiori*, to the guardians. From frequent observation I can, however, emphatically declare that he is often guilty of the grossest ruffianism, and displays all the worst traits of a gaoler, unbridled by the control exerted on the latter. It may not be generally known that he is a special constable, which seems to inspire in him a constant disposition to tyrannize over the sick and destitute admitted through his portal. I have heard this official mock and insult the crouching paupers collected round the gate, and threaten them with "a month," when they have occasionally had the hardihood to reply to his taunts and ferocity.

The Relieving Officer, a most important man, and one most dreaded by the poor, should be selected with great care, and be adequately paid. This class of men, I am compelled to assert, is proverbially heartless, and they frequently impose on the magistrates of the district, by complaints made against really suffering and sick paupers. This strikes terror into the soul of the poor, who regard the relieving officer with fetish-like veneration and equivalent hate. I do not mean to dispute that his office is most difficult, most unpleasant, and would tend to harden the heart even of a Howard; but there cannot be any doubt (I speak from facts), that he is often guilty of gross brutality, and attempts to shirk unequivocal cases of distress and illness—*choke off* is the familiar term—when the law admits of the least quibble or evasion. Relieving officers—most important men, I repeat, in the administration of the Poor-law—should be of high character, but above all, if possible, men of humanity, and less amenable to the guardians than to the Central Board.

I could cite cases of cruelty and neglect perpetrated by relieving officers, which would hardly be believed by the most credulous philanthropist. It is to be borne in mind, that these officers are generally, almost always—from community of sentiment, perhaps, against the poor—in the confidence and favour of their masters; whilst the medical officer, on the other hand, is regarded with dislike and distrust, as the protective medium between the guardians and the sick. In fact, I have been told by the Board that I attempted to bring discredit on the autho-

rities, and one member alleged that I "got up" inquests on account of the fee attached. At an inquest on a case of destitution, where a slight swelling of the legs subsided after rest in bed, I was asked by a guardian why I did not fill up a certificate with "dropsy" as the cause of death, and the relieving officer, before the inquiry, remarked, "Are you going to have an inquest? if so, draw it mild." In another case, subject to a coroner's inquisition, the same official, dreading lest the deceased man had applied for relief which had been refused, said, "you are hanging a verdict of manslaughter about my neck." When this observation was made to me, a medical friend was also present. In another inquest, a case of apoplexy, *Irish, removable*, had been entered opposite the patient's name in the relief-book, though the man had lived in the parish for twenty years and acquired settlement. The jury expressed great indignation at this conduct, which became known because the friends complained bitterly of the neglect the deceased man had experienced. I trust these details are sufficient illustration.

An unfavourable report of the Commissioners in Lunacy was imputed to my influence, which it was said I exerted through spite, as I was about to leave. I may add, that the disgraceful state and want of accommodation of the chronic lunatics had been reported, but in vain, several times during the preceding months.

Medical authority and direction are often set at naught. I fear I must say that this defiance is connived at, if not openly sanctioned, by the Board. I have, without redress, complained of irregularities of diet, and the explanation which has been offered by the Master (also in favour with the Board), has been almost ludicrous. On one occasion, I remember, after it had occurred many times, reporting that beef was supplied instead of mutton. The master replied, that the cook got drunk that day, and this was accepted as sufficient for the conversion without any further censure or investigation. Beef was habitually served for mutton, and when mutton was supplied, it was often nearly all fat, and remained uneaten. The general explanation of this was, that it ran fat near the last, or the meat ran fat on a certain day; or if beef was sent, that there was a slight deficiency of mutton. Of course, unprejudiced men would draw evil conclusions concerning the interest of the butcher and the workhouse officials, but the report of these derelictions was sometimes ascribed to a mischievous animosity on my part.

Other articles of diet, as broth, potatoes, &c., were frequently so infamously bad, that they remained untouched. This leads to the question of economy, which is the guiding maxim of the guardian in all matters relating to the pauper sick. It is often a very false economy. Guardians grumble at a man, conva-

lescent from severe disease, having plentiful supply of meat, beer, and nourishment, by which power and health are rapidly restored, so that he ceases to become a permanent burden; and as in many instances a wife and children are received into the workhouse, whilst the husband occupies a sick bed, it is clear that it is more profitable to *cure* him, and dismiss him and his family as soon as possible.

It would occupy too long time and too much space to enter into the mode of treatment and mal-accommodation of the infants. When I reported their unhealthy condition, greatly in consequence of their day-room being underground, and much deficient in cubic space, I was told by a member of the Board that it was useless to make reports on the subject, as it could not be remedied. The frightful condition of the nursery, which was placed amongst and exposed to the emanations from the aged and infirm, I can but just allude to. During epidemic outbursts of hooping-cough, diarrhoea, &c., the draughts, from the unsuitableness of the apartment, caused fearful mortality. The little foundlings were nearly always doomed, children with mothers had but a poor chance.

(Mem.—If a return of the deaths in workhouse nurseries were ordered, startling results would be elicited.)

I have seen sixty children and forty women at one time in the nursery, but as the Board was at this time engaged about a charge of neglect against them involving an inquest, some of its members declared that it was highly improper of me to continue my reports whilst the subject was under (deferred) investigation. Guardians, it need scarcely be observed, are utterly oblivious to the suggestions of preventive medicine (sanitary science). Not to enlarge, I will briefly advert to a workhouse infirmary, whose management has been recently canvassed in the *Times*. Some years since this infirmary possessed a complete and efficient medical staff, who resided in the infirmary, and were restricted from private practice. Two of the medical officers were appointed to the infirmary and workhouse, and two attended to the patients in the out-districts of the parish. All medicines were dispensed at the infirmary by a resident dispenser, the guardians finding drugs. Patients amongst the outdoor poor, capable of attending, were seen in the morning at the infirmary between ten and one o'clock, after which time the outdoor surgeons visited those seriously ill at their own homes. Appropriate diet and stimuli were freely ordered, suitable and urgent cases being promptly admitted into the house. Dangerous and obstetric cases were visited, if requisite, at all hours day or night; for the latter, competent midwives, acting under the supervision of the doctor, being employed. Patients had, moreover, the advantage of consultation amongst the members

of the medical staff, and, if indicated, of the opinion of the consulting physician, surgeon, and accoucheur respectively.

All cases admitted into the infirmary had this benefit, that their previous history was known, and could be gleaned from the surgeon of the district, by which the past and present treatment was connected and compared, a circumstance of considerable importance oftentimes to the welfare of the patient. I am vain enough to believe that this infirmary so managed was one of the finest hospitals in London, and that the expense incurred was hardly greater than after the alteration, at the account of which I shall in a moment arrive. It was recognised as an hospital by the University of London and the Royal College of Surgeons, and some of our most distinguished medical men have been connected with its staff. It contained 200 beds, medical and surgical, a lying-in ward, children's medical and surgical wards, lunatic wards, wards for contagious skin diseases, &c., in which disease in all forms, at all ages, might be observed, and very ample facilities were afforded of certifying the diagnosis by investigation of the morbid alterations after death.

At the period to which I refer little connection existed between the medical treatment of the poor and that dreadful functionary, the relieving officer, beyond the primary necessity of obtaining an order for the attendance of the medical officer; and this was even waived by the latter in urgent instances. Nevertheless, the system on the whole worked well, economically, and was susceptible of little abuse.

But, in 1857, a retrograde change came over the spirit of the dream, and a sapient member of the board—a small builder, forsooth!—anxious for retrenchment, aided and abetted by his colleagues in office, introduced a scheme for the abolition of the system, that the medical attendance of the infirmary and workhouse might be “farmed out” to a non-resident medical officer, who was to find a resident subordinate, and *supply his own drugs* on inclusive terms. From notes before me I can authenticate the following in reference to the change which was announced by advertisement, candidates being invited for the appointment. To keep down the expense of medicines, one candidate informed me he would give nitrate of potash for spirits of nitric ether; another, no morphia in consumption, as it would not cure the disease; another would put quinine on the card of the patient for appearance sake, but order what he liked, and so on!!

As to the outdoor poor, they were consigned to medical men living in the various districts, in active practice, who, of course, had a similar motive in curtailing the expense of medicines, and in performing the duties with the greatest dispatch, and who were unable to act in concert with the medical officer of the in-

firmary, in the event of a patient being admitted within the house.

The prominent motive of the board in this change of system was more thoroughly, if possible, to pauperize the sick poor, and to render the oppression of the former more unrestrained and effectual, in which they were instigated by the master and relieving officer, who greatly disliked the authority and dictation of a *resident* medical staff.

“These knaves, they are high in their master’s books,
Have a sum upon which they draw
To keep up their credit; though each one looks
To be sure he’s within the law.”—*Barry Cornwall*.

Hei mihi! non est quale erat. Heaven help the poor! I have confined myself to the consideration of the sick, but could say much on workhouse management generally. Were it necessary, I could refer to men who can attest the general truth of all I have written, and who could say I have been in a position to offer very pronounced opinions on a most important and painful subject.

In concluding these somewhat discursive remarks, let it be remembered that the recent anticipative treatment of the dying in St. Pancras must be far from an isolated case. Publicity rarely obtains in connection with workhouse cruelties, for which, however, as a professional man, I urge that the medical officers, unless ubiquitous, cannot be held responsible, and of which they are almost invariably uncognizant.

ΘΕΜΤΣ

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CONTRIBUTIONS TO DERMATOLOGY.

By HENRY SAMUEL PURDON, M.D., L.R.C.P. Edin., L.R.C.S.I.,
Physician Belfast Dispensary for Diseases of the Skin; Assistant-
Physician Belfast Charitable Infirmary, &c., &c.

No. I.—PEMPHIGUS.

By the term Pemphigus is understood an eruption of large bullæ on erythematous patches, and which contain, on their first appearance, a clear fluid, eventually becoming opaque. After the bursting of the bullæ, a crust forms, an excoriated surface being underneath. The disease usually appears in successive crops.

I shall adopt Neligan’s division of pemphigus into acute and chronic, the former usually attacking young people; the latter those past the prime of life. Pemphigus is a rather rare disease, and I find that out of 1,016 cases treated at the Hospital for Skin Diseases, Blackfriars, as recorded by Mr. Startin in his “Pharmacopœia,” seven were pemphigus. Out of 1,000 cases

treated at St. John's Hospital for Skin Diseases, four were pemphigus; and in the same number of cases in Mr. E. Wilson's practice, only one case occurred ("Modern Treatment of Skin Diseases," by J. Milton). Out of 1,204 cases admitted at the Glasgow Dispensary for Skin Diseases, during the year 1864, one case of pemphigus occurred; and out of 668 cases admitted at the Belfast Dispensary for Skin Diseases, during last year, four cases were pemphigus. It is evident, from the above statistics, that this affection is a rather rare form of cutaneous disease.

Pemphigus is an inflammatory disease of the skin, affecting both the corium and subjacent cellular tissue. Now, inflammations of the derma, according to Virchow, occur in the papillæ in which there are no blood-vessels, as well as in those papillæ in which blood-vessels are present; and the cells in the epiderma, in consequence of irritation, imbibe a greater quantity of plasma from the blood than they can contain, finally bursting, the capillary system sympathising to a considerable extent, the serum filtering through the walls of the vessels, and the epidermis, owing to this watery exudation, is elevated in the form of bullæ. Pemphigus, to my mind, bears a great resemblance to herpes zoster, which disease, according to Dr. von Bärensprung, arises from irritation of the spinal ganglia, the posterior roots being implicated. And Mr. E. Wilson remarks that, "pemphigus may be complicated with herpes; indeed, the small bullæ of this disease bear considerable resemblance to the vesicles of herpes phlyctenodes; and the likeness to herpes is still further increased by the occasional appearance of the small bullæ of pemphigus in the form of rings. It may also be complicated with prurigo," which is now well known to be a purely nervous affection. Pemphigus is a diffuse eruption, and has no anatomical peculiarity in selecting the orifice of glands, hairs, &c., the bullæ appearing over a considerable surface at once, and is like urticaria, which, according to Hebra, is a circumscribed œdema of a cluster of capillary roots, branching from a common stem, under the influence of a common nervous twig. The vesicles of herpes zoster are nothing more than small bullæ; and the difference between this disease and urticaria is, that in herpes zoster the œdema ends in serous exudation, and Hebra has described a case of urticaria in which several of the pomphi passed into bullæ.—(*Allg. Wien. Med. Zeitung*, 1858, No. 2.)

A variety of pemphigus, called relapsing, is, I think, syphilitic; but many authorities consider that all forms of pemphigus arise from this cause, and Ricord (*Séance de l'Acad. de Méd.*, July, 1851), stated "that there is no distinctive sign serving to distinguish syphilitic from non-syphilitic pemphigus, as is the case in other cutaneous affections;" and Dubois and Cruveilhier

have shown that pemphigus is often met with in new-born children, who sink under these (syphilitic) abscesses of the lungs (Diday "On Syphilis in Infants," Sydenham Society Publication). Acute pemphigus, as remarked by Sir D. Corrigan, M.D., is occasionally ushered in by a severe shivering fit, and which might be mistaken at first for an attack of intermittent fever. About the third day, erythematous spots appear on the abdomen and thighs, accompanied by a painful sensation of burning and itching; vesicles usually appear on these inflamed patches, which rapidly pass into bullæ. The urine is high coloured, appetite bad, and the patient complains of headache, occasionally sleeplessness and exhaustion. This disease usually occurs in those of the lymphatic temperament, and of a thin, spare habit of body. There is always more or less derangement of the capillary system, quick pulse, &c. In about two days the bullæ break, and in bad constitutions, scabs and crust form, frequently presenting the appearance of rupia; indeed, this latter affection is now considered by many dermatologists to be occasioned by pemphigus. In rare cases, the bullæ become confluent, and in one case which I have seen, the patient was literally covered with bullæ in various stages, the discharge from which, when broken, stiffened the sheets like starch. In syphilitic subjects, I have remarked that this disease usually appears on the fingers, hands, and lower extremities.

When the attack is mild, Willan called the disease pompholyx benignus; and when large bullæ appear in succession, singly pompholyx solitarius. In many cases a diarrhoea occurs a few days after the commencement of the disease, and it is asserted that this is owing to bullæ forming in the alimentary canal.

The other variety of this disease mentioned by authors are pemphigus infantilis, vulgaris, and contagious. The last species is denied, but I have seen two well marked cases, and which I published in the *Medical Circular* for January 25th, 1865.* The pemphigus gangraenosis of Dr. Whitely Stokes is extremely rare. After the ulceration left by the bullæ heals, deep pits and depressions are frequently left. Pemphigus occasionally accompanies other cutaneous affections, as scabies, prurigo, &c. The urine of the patients suffering from this disease has been analysed, and contains an abnormal amount of urea.

Chronic pemphigus corresponds to the pompholyx divtinus of Willan, and is ushered in by pains in the joints and muscles; the bullæ accompanying this form are irregular in shape, and larger than in the acute variety. In some cases, the contained fluid becomes sanguineous, and has suspended in it a considerable

* Since writing the above, I have seen another case where pemphigus proved contagious to three persons.

quantity of albumen, which concretes into Rupial, like crusts. Relapses are common in this variety, and it is always accompanied by a good deal of constitutional debility. Another variety of chronic pemphigus is when the bullæ are followed by foliaceous desquamation of the cuticle.

Chronic pemphigus frequently lasts for years, and Mr. Wilson states that "Dr. Duches-Duparc saw a case at St. Louis Hospital, in a girl eighteen years of age, of weakly constitution, who had never menstruated, and who had been affected with chronic pemphigus since the age of five years."

Causes.—Nervous exhaustion, produced by various causes, as intemperance, masturbation, &c., exposure to excess of heat and moisture, mental anxiety, dyspepsia, poor diet, and it occasionally occurs as an epidemic. Sauvage has described a variety accompanying dysentery.

Diagnosis is usually easy, the vesicles of herpes being smaller; and from rupia, the appearance of the crusts are characteristic.

Prognosis, according to Mr. E. Wilson, is dangerous in proportion to its complications, and to the constitutional disturbance. The chronic variety is of a more serious nature, as the ulceration left after the bursting of the bullæ may become gangrenous.

Treatment.—When the disease is ushered in by febrile symptoms, the liq. ammoniæ acetatis, and spiritus ætheris nitrosi are necessary; and to lower the pulse, no remedy is so useful as the tinct. verat. viride, introduced by Dr. E. Cutter. When the disease occurs in young persons without any well marked febrile symptoms, I think it a good plan to commence treatment by a purgative of the compound powder of jalap, which effectually removes any offending matter in the bowels, producing copious watery stools; this is to be followed by Dover's powder (ten grains for an adult) at night. A nutritious diet of easily digested food is also necessary from the first. If diarrhœa occurs, nitric acid and opium are indicated, which, besides acting as an astringent, is a good tonic. After the disease is on the decline, cod-liver oil and quinine are useful, and I have derived much benefit from the syrup of the phosphate of iron, quinine, and strychnine, of the late Dr. Easton, of Glasgow. In many cases stimulants are necessary, and if the patient has been accustomed to their use, beer, porter, or spirits, may still be allowed; for young people, good claret agrees best. In the relapsing variety arsenic is necessary, and Fowler's solution answers very well. If a syphilitic taint in the patient's constitution is suspected, the iodide of potassium should be prescribed.

The local treatment which I adopted, is to open each bullæ

as soon as they appear, and touch them with a solution of nitrate of silver (ten grains to the ℥j.), afterwards applying the linimentum calcis. In cases where the ulcerations appears gangrenous, a charcoal poultice is an admirable application, and we may then order the following stimulating ointment: R Lapis calaminaris, ℥j.; balsam Peruvainii, ℥ss.; adeps, ad., ℥j.

The warm-bath formerly recommended in this affection I consider injurious, as it increases the flow of blood to the cutaneous capillaries.

(To be continued.)

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ON CHOLERA.

An Account of its History, Etiology, Pathology, Prophylaxis, and Treatment.

By DR. C. C. TERRY, M.D., New York.

(Continued from page 417.)

DURING the epidemic which continued from 1817 to 1838, cholera visited a large part of the inhabited world, involving nearly all of Asia, touching upon Australia, skirting the African shore of the Mediterranean Sea, sweeping in wide columns throughout Europe, and traversing the most populated parts of the Western Continent—its northern limits being Archangel and Kiachta, its southern, the Swan river in Australia, while in America it reached from Quebec to Valparaiso.

In tropical countries, the commencement of the rainy season was the time of its reappearance or exacerbescence. Outside of its mother-country temperature and seasons appeared to hold some control over its spread; but the exceptions hardly permit such a rule. Nevertheless, its march towards the north was much slower than its southern progress: thus in one year it spread in a southern direction about thirteen degrees, while six years were required for a corresponding northern extension. In Persia the disease regularly disappeared with the commencement of cold weather.

Both times it extended into Europe while the season was still warm, and its spread towards the high north was in summer—all accounts agreeing that the epidemic usually disappeared or considerably abated at the approach of the cold season, and in no case did an epidemic arise during the winter, although an already existing epidemic in several cases (Moscow and Orenburg, -18° and -30° , R.) continued with violence in spite of the cold.

During 1838 isolated instances of the disease were reported in Europe, but the following seven years were a period of repose. Cholera existed in Egypt in the summer of 1837 and spread to

Tripoli and Tunis, as before mentioned. In India repeated outbreaks occurred during this period, in which China, the Philippines, and Persia (Drasche) were attacked (1841 and 1842). 1844 may be considered as the commencement of the second pandemic period. In this year it reached Afghanistan, by passing from the north-western provinces of India by the way of Lahore to Kashmir (Haeser), reaching Cabul in June, Herat in July, Buchara in September, and Persia at the end of the year. In May, 1846, cholera appeared almost simultaneously at Teheran and Asterabad. In Teheran, during a period of four months, 9,000 died out of a population of 130,000. In October the disease broke out in Saljan on the Caspian; Aden and other points on the Black sea were attacked in November.

From the Persian sea to Bagdad, thence along the Euphrates and Tigris, the disease extended to Mesopotamia; in October Bassora was attacked, and soon the whole extent of the Arabian coast. In November the pilgrims at Mecca and Medina suffered severely. At the end of the year the disease had extended north-erly into the Trans-Caucasian countries. During the following winter the epidemic was hardly apparent, but with the warm weather of the succeeding year came a general expansion of the epidemic and a great mortality of the attacked. According to official accounts, 17,055 persons were attacked during the interval from October 16, 1846, to June 14, 1847; and of this number 6,218 died (36.4 per cent.). The mortality was supposed to be reduced by the use of naptha brought from Baku.

The Caucasian mountains divided the epidemic coming from the Caspian sea into three distinct lines; one radiated to the north (Astrachan), another passed westerly along the northern slope of the mountains into southern Russia, while the third line took a southerly direction to Georgia and Armenia. Among the mountains cholera appeared at a height of 7,000 feet. (Pirogoff.) The war at that time in these regions may have assisted in disseminating the disease so widely. In the early part of 1847 cholera extended over the Caspian coast and neighbouring districts. Isolated cases occurred at Chosme in January and February, but the epidemic did not become considerable before April. Derbent was attacked April 7, and the disease remained here a long time, causing a total mortality of 43 per cent. (Drasche.) Kisliar was attacked on the 24th of May. Meanwhile, the disease spread over the adjoining districts and appeared in Tiflis at the end of May. In its northern route Astrachan was reached July 3, 1847. Thus, in *three* years it reached where before were required *six*. Meanwhile a destructive focus was forming in the south at Constantinople. Here the first case occurred September 1st (1847), on a ship just arrived from Trebizond, while diarrhoea and cholerine prevailed in the city (Hasser); the disease assumed the form of an epidemic

about October 24th (Drasche), and remained at Constantinople until the middle of January, 1849, thence overspreading western Europe.

The western route along the north side of the Caucasus passed along the Terek and Cuma, spread westerly by the way of the Black and Azof seas to enter Russia from the south. Stawropol was attacked in June, Jekaterinoslaw the last of July. The disease moved slowly along the eastern coast of the Black sea, reaching Redut-kale August 5th, and then by a retrograde movement appearing at Anapa on the 21st of September. From Stawropol, in a north-westerly direction, it soon appeared among the Cossacks of the Don (commencement of July). On the 12th of July it broke out in Jekaterinoslaw, in Taurida with the commencement of August, thence to the neighbourhood of Charkow at the end of July, attacking the city on the 9th of August. About the 12th of August it appeared in Kursk and Woronosch, Tambow September 5th, and Tula September 17th. While extending towards Moscow from this direction, another line was approaching from the direction of Astrachan. The disease appeared along the right bank of the Volga at the end of July, at Tschernoi-Jar July 25th, at Laratow August 11th. It was soon diffused throughout the neighbouring districts, but again sparing the German colony of Sarepta. Pensa and Simbursk were soon attacked, then Kasan. From Kasan one line extended westerly towards Nischni-Novogorod and Moscow, while another line extended southerly towards Orenburg (middle of September) and Uralsk (end of October). Cholera had already existed at Tobolsk in the summer. Thus the disease reached Moscow from two directions, requiring this time but *four* years, whereas formerly *thirteen* were necessary for the disease to march from its native place to this city. In about four months the vast empire of Russia was filled with cholera, the disease appearing in some places only in a few isolated cases, and in other places as local epidemics. The disease broke out in Moscow, September 30 (1847), the first case, being a servant and her child in a refugee family from Saratow. Petersburg was attacked October 17 (1847). From October 17 to July 15 of the next year, in Petersburg and its environs, 29,126 persons were attacked, with 15,814 deaths (54.3 per cent). (Haeser, Lehrbuch der Geschichte de Medicin und der Epidemischen Krankheiten, p. 751.)

In the spring of 1848 cholera reappeared throughout Russia, after subsiding and in some places disappearing during the winter. At Orenburg 8 per cent. of the attacks were fatal; at Nischni-Novogorod 9 per cent. succumbed. On the 4th of May Moscow was again attacked. This time there were 16,248 cases with 8,025 deaths. Petersburg was again attacked at the commencement of June, and here 22,022 cases occurred with 12,228 deaths (55½ per cent). At the same time the epidemic extended easterly to the

Ural, northerly to Archangel, westerly to Finland and the Baltic provinces. On the 9th of July cholera appeared at Riga, and soon after at Mitau and Revel. In Riga, with a population of 50,000, from July 9th to October 1st, 7,000 persons were attacked, with 2,000 deaths. 2,000 were attacked at Mitau and 980 died out of a population of 16,000. Cholera appeared at Dorpat August 6th, at Warsaw about the middle of the month, and by September the whole of Russia and Poland was affected. With October the severity of the epidemic diminished, and before December it almost disappeared throughout the Russian dominions. Russia remained free from cholera during the two following years, excepting isolated cases in 1849 in Petersburg and Finland (Haeser, 752).

In the spring of this year (1848) the disease made an extensive radiation from Constantinople. On the Black sea Trebizond and Samsun were the only places attacked, but Asia Minor suffered severely, especially Smyrna; thence in a southerly direction the disease spread to Syria and Jerusalem. Pilgrims carried the disease to Egypt. In Lower Egypt alone 55,000 died, out of a population of two and a half millions. Algiers and Tunis suffered at the same time, and here the disease lingered during the next year. From Constantinople in a westerly direction the epidemic spread to Salonica, and thence by ship to the island of Skiathos. Greece was again spared. To the north-west Adrianople, Rumelia, Bulgaria and the principalities of the Donau were attacked.

The earliest cases in Galatz occurred in April, a few days after the opening of commercial intercourse with Constantinople, and seven weeks later Braila was attacked. From these places the disease spread along the Donau and throughout Wallachia. In May, Jassy was attacked and soon the whole Moldau was over-spread. It was remarked that at this time the temperature was extraordinarily high. The Russian and Turkish troops suffered considerably. Bukowina, Galicia and Hungary were successively involved, especially those places where troops were stationed. A short time after the disease appeared in the Russian Baltic districts, Poland, West Prussia, Posen, and Schlesien with a few places in Pomerania, Holstein and Saxony, were attacked. Danzig was attacked Oct. 10th; the disease remained in Breslaw during the winter, disappearing the following March.

In Berlin doubtful cases occurred as early as the end of June, but the disease became general after the 30th of July. During the continuance of the disease at Berlin 2,457 were attacked, and 1,595 died. At the end of August Magdeburg received the infection from Stettin. Halle suffered severely, but the epidemic was quite mild at Leipzig and Böhmen. The disease spread to the lower Elbe districts in September, especially at Hamburg and Bremen. In October (1848) cholera appeared at several places on

the west coast of Norway between Bergen and Stavanger; it remained on the coast during the greater part of the unusually mild winter, without extending to the interior. In Holland the disease appeared this fall at Utrecht and Rotterdam. In Belgium the first case occurred October 28th, on board of a steamer which had arrived in the bay of Antwerp from Rotterdam. At the same time a number of isolated cases occurred in the city, but the disease did not assume an epidemic character until some time afterwards, Hainaut, Luttich, and east Flanders being in the meantime attacked.

France remained free this year.

But the disease appeared in England, in October at London and Birmingham, later at Edinburgh, Glasgow, and on a convict ship lying at Woolwich. It appeared in Ireland about the same time, isolated cases occurring during the winter, but there was no decided epidemic until the following spring. Austrian troops brought the disease into Upper Italy, and it extended into the southern part of Switzerland.

Cholera appeared this year also in the United States, but this time it extended from the south. Before the middle of December immigrant ships brought the disease to New Orleans. The weather at that time was very mild, the temperature rising every day as high as 23°, R. About the 1st of January the weather became cooler and the disease diminished. Among the plantations near Natchez it lingered till spring, but did not become general in the city. On the 20th and 21st of December two deaths occurred at Memphis, after the arrival of a steamboat from New Orleans. For twenty-five days the disease remained confined to the landing place and to the persons communicating with the vessel, then it began to spread to the more distant houses. Texas became infected before the end of this year, but there was no general outbreak until the next, 1849.

In the spring of 1849, after being confined to New York and the lower part of the Mississippi valley during the winter, it extended more generally. Passing up the Mississippi it appeared at St. Louis and Cincinnati, but diminished in severity as it approached the eastern coast, New York and Baltimore being the chief points on the Atlantic. Its western route was more destructive, the whole Mississippi valley being involved. San Antonio was the focus for its extension towards Mexico. Thence it passed along the Rio del Norte to Brazos Santiago, and shortly after at Matamoras, where 600 died out of a population of less than 5,000. At the end of March it reached Monterey; it was at Saltillo in April, and from this place it rapidly spread south to Zacatecas, south-westerly to Durango, and north-westerly to Chihuahua. Cholera reached the west coast of Mexico from Panama in the course of the summer, attacking Acapulco and Mazatlan. Panama and New Grenada

suffered this year. The disease appeared first at Chagres, then spread on the one hand to Carthagena, Santa Maria, and up the Rio Magdalena to Santa Fé de Bogota, and on the other hand along the land routes over all Panama. Guatemala and Costa Rica remained free.

In the year 1850 cholera still existed in Europe. There was a short pause during the severe cold of the winter, but with the warm weather it took a wider spread; but the mortality was comparatively slight. Halberstadt, in north Germany, became, in February, the focus for a considerable radiation. The disease passed in an easterly direction to Magdeburg, Potsdam and Berlin. In Berlin the epidemic commenced August 7th, and continued fourteen weeks; there were 1,185 cases with 711 deaths. Thence it spread to Perleburg, Whittstock, Stettin, Greifswalde, Barth, and Stralsund—in Mecklenburg, Rostock and Gustrow. In its further extension north the disease passed into Schleswig-Holstein, where Oldesloh, Ploen, Preetz, and Kiel suffered the most. In Denmark the disease appeared first on the islands of Laaland and Falster. From Halbustadt it passed to Wolffenbittel, Scheppensstadt, and Braunschweig. In the city of Braunschweig 1,017 died, out of a population of 38,000. Hanover suffered much less. The disease appeared at Gieboldehaus in July. It was said to have been brought there from Magdeburg by a female servant. In the neighbourhood of the Hartz mountains not many cases occurred. In Hessen the neighbourhood of Cassel suffered severely. In the north of Kurhessen several cases occurred from the middle of August to the 1st of September. These cases were imported from Braunschweig. The first native who suffered was a tavern-keeper, in whose house a person affected with cholera-diarrhoea had stopped. About the same time the disease appeared in Merseburg, whence it spread in one direction to Erfurt, Dessau, Muhlausen and Heiligenstadt; in the other direction it passed to Leitz, Scheiditz Torgan and Leipsig. In the other Prussian provinces the disease did not become general, although cases occurred here and there. In Westphalia and the Rhine provinces cases occurred during the summer; on the Rhine the only place severely attacked was Coblentz. In the fall the disease appeared at many places in Germany, being especially severe in a few overcrowded military hospitals at Torgan and Volkershausen. In Posen there was a local epidemic of considerable severity, which extended to many principalities of the Austrian monarchy. In Bohmen, where the disease existed during the winter of 1849--50, new outbreaks occurred in the level districts quite early. In January cases were observed in Budweiser, Pardubitzer and Prague, but only here and there a case, and the disease did not fairly become epidemical before the commencement of May. From August 4th to September 8th the flat country suffered most. In November its severity diminished, and in December the disease

entirely disappeared. The disease lingered in Prague during the winter, but in the middle of February it suddenly increased in extent and severity, concentrating especially in that portion of the city lying on the Moldau. In March it decreased somewhat, but at the end of May exacerbated again, so that from the 26th of May to the 2nd of June 215 persons were attacked. By the middle of June it again sensibly diminished, having attacked 1,559 with 838 deaths. During July, isolated cases occurred, some of a severe type, and the disease seemed about to disappear, when it again broke out (November 4th) and continued into the succeeding year. In Vienna the disease began to increase about the 10th of June. It was especially severe at Leopoldstadt. Up to the 9th of November 1,980 were attacked, with 900 deaths, so that 2 from every 1,000 of the inhabitants died. By the commencement of July, cases appeared in the districts neighbouring to Vienna, in Neu-Lerchenfeld and Ottackring. Other places became subsequently attacked, and the epidemic became general throughout that section. In ninety-nine districts, having a population of 148,812, there were 3,487 cases, with 1,097 deaths. The country suffered more, proportionately, than the towns. Semmering, on the southern confines of lower Austria, lying 3,123 feet above the sea, was attacked during the construction of the great railroad. At the commencement of August it broke out on the Austrian side of Semmering, and seven days later on the Stiermark side, among the workmen living in the barracks. It continued with considerable severity until the last of the month, and disappeared in September. In spite of the continual communication with the neighbouring districts, and the flight of many of the inhabitants, the disease remained confined to the barracks and a narrow immediate vicinity. On the Stiermark side of the hill 118 workmen were attacked, with 89 deaths, and at the same time 30 to 40 cases of diarrhoea occurred daily. Of the whole number of workmen (about 8,000) 582 were attacked, with 257 deaths. During the summer various places in Hungary were attacked, but there was no epidemic. Ofen was infected at the end of July, Pesth at the commencement of August. The disease continued in these districts until the end of September, causing about 182 deaths. It appeared at Trieste in October, but in the remaining portions of Austria it did not extend much and was not of a severe type. The mountainous parts of southern Europe were generally spared. But repeated outbreaks of a mild and local character in Marseilles caused some apprehension of a general epidemic, which, happily, did not recur. The southern islands, however, were not so fortunate. The disease appeared in Malta at the end of May, and until the 19th of August 2,258 people were attacked. Among the Ionian Islands, Corfu and Cephalmia suffered severely. Calamis suffered the most of all the Grecian Isles. During the dry and hot summer of this

year (1850) that part of Sweden lying between 55° N. and 60° N. was visited by cholera. Ships with cholera on board had arrived at most of the ports along the coast of this section, and in August the disease appeared at Malmo, on the southern point of Sweden. Grahs, of Malmo, denies its importation, however, and says that only *three* cases occurred outside of the city, although communication was considerable and never restricted. Soon the disease appeared at various other points, at first quite distant from each other, progressing toward the north with a westerly inclination. After an outbreak at Gotheborg the disease progressed more rapidly. The first cases at Gotheborg occurred on the canal and among the shipping. While thus extending northward in Sweden it passed westerly to Norway, but not with so destructive a march. Excepting the northeast of Gothland and the quarantines, only two places on the eastern coast were attacked,—viz., Ronneby and Doderhultsvik. The epidemic remained confined to 80 communities, attacking 4,410 of the inhabitants. Most of the cases occurred at Malmo and Gotheborg. The whole epidemic, five months in duration, caused an aggregate mortality of $39\frac{1}{4}$ per cent. and nowhere was it so severe as it had been in 1834. In several communities having little and in some cases no communication with other neighbouring communities the disease was most severe. At many places, especially the small islands, direct importation could be proved as occasioning the earliest cases. Berg relates that some zymotic diseases (dysentery and small-pox) were very prevalent just before the time of the appearance of cholera, and he also states the cholera seemed to have no effect upon the symptoms and course of these diseases. As before stated, the disease passed from Sweden to Norway. Christiana and several coast cities were infected, but there was no general epidemic. Vomiting and purging occurred in Christiana four months before the breaking out of the epidemic (Oct. 4th). The first cases of cholera occurred on the east side of the city. Akstykker denies that the disease was brought into Christiana.

On the Western Continent cholera still existed, and this year was more severe than the last. Many places were affected at once, and the disease appeared here and there over a vast extent. In New York and other places on the Atlantic and Gulf it did not appear with such severity as in California and some of the West India Islands. In California the first outbreak was at Sacramento, before the beginning of October. On the 10th of October the first case at San Francisco occurred—a passenger just arrived from Sacramento. It was thought that the first infection was received from overland emigrants. The United States Mail steamer “Northerner” carried the disease from Panama to San Francisco. After the city was thus infected by communication with Sacramento and Panama, the disease rapidly increased, the Chinese suffering the most severely. These people lived under circumstances

favourable for any disease propagable by communication. The epidemic seemed to reach its maximum about the end of October, and by the middle of November it had mostly disappeared. Out of less than 25,000 inhabitants nearly 600 died. Mexico was visited again this year. By July many places were attacked, but not severely, with the exception of Vera Cruz and Tampico, which suffered considerably. By the middle of October the disease had entirely disappeared from the Mexican States. On the continent, the Isthmus of Panama was the last lingering place; but Cuba, Jamaica, St. Domingo, and the neighbouring West India Islands suffered severely.

In April the disease commenced at Havana, and was for a time confined to the city and the neighbouring coast; but in the summer it spread into the interior, where its course was very destructive, depopulating many plantations. At the commencement of the next year it had not entirely disappeared in Cuba. In Jamaica the disease did not make much progress until fall. The first case was a woman at Port Royal, who had washed the clothes of a person who died of cholera on board a ship. Such was the severity of the disease here that in a population of 40,000 there were, during the height of the epidemic, as many as 200 to 280 fatal cases every day. In this year (1850) also cholera appeared on the north coast of Africa with a severity fully equal to that of former epidemics. Egypt was attacked now for the third time, Cairo and Alexandria suffering especially. At Cairo the epidemic continued sixty-seven days; at Suez 100 cases sometimes happened daily, in a population of 2,500.

Along the coast the disease broke out in Tripoli and Algiers. In its mother country the disease was still active. After appearing to an unusual degree on the delta of the Ganges, it extended to various places along the coast, invaded Bombay, and in August overrun the whole Punjab. There was also cholera at Mecca and Medina. At the commencement of 1851 cholera still existed in Austria. At Bohmen there were a number of cases. In March and April new outbreaks occurred here and there, especially at Bankowan and Randnitz. In May Prague was again attacked. After two months there was a diminution, but in August and September the epidemic augmented considerably. During two years and seven months the disease existed in Prague, while measles, scarlatina and typhus were at the same time very prevalent. (Drasche.) On the flat country the epidemic commenced in June, and in several places there was a coexistent epidemic of small-pox. In Schlesien the disease appeared at the commencement of August, but did not extend far.

With the exception of Morocco, no part of Africa suffered to any considerable degree this year.

In America the disease was hardly noticed this year except at

Jamaica, New York, and several western cities, where there were a number of cases.

But in India the epidemic commenced the previous year was continued in this. In February and March the epidemic was considerable in Bombay; the rate of mortality was higher than had been observed during many previous years. In Oude, at Lucknow, the disease was very prevalent in August and of a fatal type. The disease again crossed the equator, and appeared at Sumatra, Java, and other of the Indian Islands. In its western migrations it made considerable progress toward the north, passing through Persia along its former route to Bassora and Bagdad. Bassora was attacked in July and Bagdad in August.

(To be continued.)

REVIEWS AND NOTICES OF BOOKS.

Quid Romæ faciam? mentiri nescio: librum,

Si malus est, nequeo laudare, et poscere: . . .

Nec volo, nec possum: ———

Juvenal, Sat. iii., ver. xli., &c.

Bleeding, and Change of Type in Diseases; being the Gulstonian Lectures for 1864. By. W. O. MARKHAM, M.D., F.R.C.P.
Pp. 95. London, 1866. John Churchill and Sons.

AT a time when learned pundits in the medical profession are promulgating such absurd notions, as that cholera arises from drinking bad water, and that an outbreak, heavy and deadly at first, then becoming feeble, and all but innocuous, and finally dying away entirely, can arise from a cause permanently acting, it is a cheerful thing to find that there is still some solid sense amongst us, and the appearance of one good book, founded on a logical basis, leads us to hope for more.

The brochure of Dr. Markham is characterised by careful thought, a judicious selection of quotations, and throughout, it is so artistically framed, that the end may be foreseen from the beginning. The design is to demonstrate the actual value of venesection. The ground, so to speak, is first cleared by removing the current idea, held by so many, of "a change of type" in disease. In doing this, the author quotes a letter on the subject, from Sir Thomas Watson, in which that physician explains the way in which he took up the notion of change of

type, and the reasons he entertain for abandoning such belief. Dr. Markham then points out that the same idea has existed in almost all known ages of medicine, and that contests between the bold and the timid practitioners have always existed. Having disposed of this, the author next discriminates between general and local bleeding, and points out the influence of the latter over local inflammations, and the powerlessness of the first to curtail their progress. In doing so he calls attention to the effects of cupping, or leeching over the region of certain internal organs—*e. g.*, the pericardium, lungs, and kidneys, and seems at a loss to understand why good effects should follow such losses of blood, when there is no direct connection between the cutaneous vessels and the blood supply of the internal parts.

We are somewhat surprised at this want of knowledge, for the clue to the mystery was given some years ago in a paper in the *British Medical Journal*, in which the author pointed out the frequency with which certain inflammations spread from their original seat, to the muscles in immediate contact with them, so giving rise to a peculiar set of symptoms, which were precisely those benefited by such local depletion as cupping or leeching.

In speaking of the effects of venesection, the author calls attention to the amount of blood frequently lost by accident, by miscarriages, in parturition, from ulcers of the stomach, or the surgeon's knife, and argues thence, that great losses may be borne with comparative immunity from serious consequences during illness. He does not, however, sufficiently discriminate between health and disease, and is somewhat hard upon Trousseau for attributing a death in apoplexy to a loss of three ounces of blood, taken some days before. As a physician can often see the instant where death begins to approach with certain strides, even though dissolution may be long protracted, so we would feel disposed to believe the French observer, rather than his English critic. We shall not soon forget a patient of our own, who was bled in a most irregular manner, and against our expressed orders, by a colleague. The case was one of dropsy after scarlet fever, and the instant the vein was opened, the girl, aged twelve, began to die, and in spite of all attempts to undo the deed, death ensued the next day. As far as I could learn, not much more than a table-spoonful was lost.

After showing what venesection cannot do, Dr. Markham then tells us what he thinks it can do, and his belief is that it acts mechanically in relieving the circulation through the heart, when that is overloaded by strong obstruction in the lungs or the heart itself. We should like to formularise his meaning, and to extend its application, thus, whenever from an obstruction to the natural flow of blood, through any part of the body, the

heart is unable to accommodate itself to the altered circumstances, and tries to overcome the resistance by excessive efforts, then it is well to reduce the volume of the blood it has to move and thus to diminish the amount of work it has to do. We may, then, compare the bleeding to the opening of a second door of exit, when a crowd, using the first, has been checked in the ordinary egress from a theatre or other crowded place.

The author adverts to the relief given by venesection in thoracic aneurisms an occurrence too well known for us to dwell on it and in conclusion he gives some well known selected cases which illustrate the value of the remedy in pneumonia, cardiac dropsy and pleuritic pain. He makes no mention however of the importance of general bleeding in certain diseases of the skin, a class of affections in which it is of the greatest service. We have repeatedly seen cases of psoriasis eczema and lepra in which no advantage whatever has followed the ordinary treatment, until a small quantity, four to six ounces of blood has been taken from the arm, after which recovery has gone steadily on. A repetition however of the bleeding is frequently necessary during the progress of recovery.

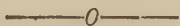
While perusing the book, we were struck with the fact that such lectures should have been thought necessary for the College of Physicians in London. To us who are familiar with the teaching of Bennett, and others classed amongst provincials, the book read as a primer, its news was stale, its deductions were old, and it reminded us of the big flappers used by butchers to kill little flies. We were surprised that any such fly was buzzing about in Pall Mall, or that such a flapper should be required to kill it. The author however doubtlessly knew his audience, and his book will be a sort of landmark by which future historians may judge of the collective wisdom of London Physicians in 1866 as compared with that of the Northern Capital and other places. When another example has been laid before the college of an inquiry into the intrinsic value of one remedial agent we may express a hope that many such reports will follow. Some years ago Dr. George Johnson delivered a very important series of lectures on the Therapeutic Value of Opium, before a similar audience to that addressed by Dr. Markham, and we should like to see more of a like stamp.

We should like to see an exhaustive account of the value of mercury by Dr. Habershon, of the real therapeutic effects of the vegetable and mineral acids by Dr. Rees, of the influence of alkalies by Dr. Bence Jones, and above all should we wish to see a series of lectures on the natural history of disease by Dr. Brinton, we shall, when we know that, and not until then, be in a position to demonstrate the actual amount of good, which

can be effected by any possible remedy or combination of agencies.

Although there is in the profession a vast amount of learning, there is a singular want of logical acumen in what relates to the cure of disease. If it were not so, we should not have men like Sir Thomas Watson, teaching to the world in their books, what they belie in their practice. He says "I taught no doubt because I believed in them *the lessons which I received from my predecessors* (the italics are our own) and I endeavoured to explain to my class how it was that my practice was apparently so little in accordance with my public teaching." (Letter to Dr Markham, page x. *Preface*.) Nor should we have theories upon the cure of rheumatic fever by alkalies based upon the acid nature of the perspiration which was shown in the *Medical Review* of June 1861 to be the result of decomposition of the sweat and as such, common to other complaints where the skin was covered with moisture and the patient unable to change the body linen.

There remains very much to be done before we are in reality the very fine fellows we think ourselves or would have our clients believe. If we want to go forward we must not stick to the past. If we teach what our ancestors taught irrespective of its real value, we perpetuate error while we strive after truth. It is a natural fault of man to praise the past worthies and to decry the existent ones. We are too lazy to think when any Tom Dick or Harry tells us anything new, and we won't listen to any one until he has made a name. We are much like sheep and follow the fashion, but it is to be hoped that there are still some who have mind enough to prove all things and hold fast that which is good, with the courage to say what they think, believe, and do.



Advice to Buyers and Sellers of Medical Practices, Partnerships, &c. Second Edition, 8vo. By BAXTER LANGLEY, Esq., M.R.C.S. England, Fellow of the Linnæan Society, &c. &c.

THIS is a modest and unpretending little work, closely printed and published at a low price, but it is more valuable than many high priced and more pretentious volumes. It contains as good an essay on the above subject as could possibly have been written. The subject is naturally one of intense interest to the profession, and this is sufficiently obvious from the fact of a second edition being already called for. Mr. Langley is a gentleman of not only superior business talent, but of rare literary attainments. His

little work, while impressing most lucidly every necessary business detail, at the same time interests so much by its racy style, that one feels sorry that it is not longer.

There is no doubt that a large book of amusing anecdote could have been easily penned by the able author, who is evidently equally experienced in the ways of the world as in the requirements of the medical profession.

We quote a few passages, which will show the style of the author and interest the reader:—

“It is obvious that in the purchase and sale of a medical practice the two parties to the contract cannot have more than the most limited experience in such a matter. The investor purchases that which, if wisely selected, finds him profitable employment for the remainder of his life, and he is never necessitated to re-use his experience; and, on the other hand, the seller is generally one who is compelled by age or ill-health to relinquish his connexion, and who thereafter retires altogether from professional labour, or who buys a practice in some more suitable locality, where he in turn settles for life, never again repeating a purchase or sale. Every race of man and of animals have their vagrant members, and the profession of medicine is not without these, although they form as small a proportion as the true gipsy does to the whole human race. A man may learn by repeated experience, or from books, how to manage some departments of business, but if he has neither experience of his own, nor that of books, it must be admitted that he had better entrust the care of what he requires to be done to some one who has had the necessary experience. This fact created the requirement for an agent who would devote his especial attention to the transfer and sale of professional connexions or successions, and who could combine with his technical knowledge of medical practice, the business experience required in that department of agency.

“It is of the highest importance to those who are about to purchase a succession that they should not commit an error as to the kind of practice for which they are well suited. The ambition to practice “at the west end,” or “in an aristocratic suburb of a good town,” is not always accompanied by that good breeding, polish, and acquirements, without which failure is inevitable in such a sphere, no matter how many gold and silver medals may have been won, and no matter how profound the medical knowledge of the successful student may have been. A few years ago an Edinburgh graduate, who had obtained the highest honours in the Northern Athens, settled in a good town in Cumberland, where he was personally known, and succeeded in three years in making a good practice there. Flushed with success, he came to London, and resolved to practice in the metropolis at the West End. Nothing could convince him that London was difficult to move. Other Scotchmen had succeeded, and therefore he should succeed also. The writer warned him firmly, yet delicately, that his broad Scotch brogue and terrible *strabismus* were likely to be impediments; but received as a reply, that obstacles which destroyed small men were the opportunities of great ones. He took a partnership with an invalid in one of the best squares at the West End, and paid a large amount for it. At first the patients tolerated him as the *locum tenens* of their former attendant, but no sooner learned that he was partner than they flatly refused to see him. Ultimately, after a good deal of ill-feeling, the partners separated, and the unfortunate and accomplished Scotchman learned that professional acquirements are not the sole condition of success in aristocratic English practice.”

As regards the "making" of practices :—

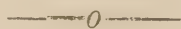
"A shrewd man may sometimes hit upon a place where he has only to put up his brass plate to secure without delay a few hundreds a year, which steadily increase as the streets become longer and closer. *But this is a very rare exception*, and every house-agent can testify that the failures in attempts of this kind (which come to be sold as "nuclei" after a year or two), are painfully in excess of those which succeed. In the long run, it is found cheaper to *buy* than to *make* a practice.

"I am often amused to see the experience and judgment of a respectable and reliable agent set aside in deference to the opinion and advice of some private friend or some "eminent member of the medical profession," who knows no more of the real business matter than an estate agent knows of *pericarditis*. A score of illustrations from experience might be quoted to show the foolish deeds done, or the impossible conditions sought by investors under the advice of professors and others who may be masters of their own respective specialities, but who are wholly ignorant of such business matters. Among the prevalent fallacies perhaps the most common is—that an old gentleman who has a good practice in a very eligible locality is very anxious to find an amiable and intellectual young man upon whom to bestow a partnership *without premium*. The amiable (and I may add innocent) young man who is looking for this benevolent myth, always urges that he is prepared to do a large share of the work, &c., &c., but he forgets that the "old gentleman" can readily obtain a good premium for such a partnership, and will make arrangements for the lessening of his own labour, so far as his patients will permit. No profession is so liberal or charitable as ours, but it is rather too much to suppose that our senior practitioners will forget the interests of their own families for the benefit of some young aspirant to Æsculapian fame, who, having taken a few prizes at College, thinks that the world is now at his feet. People will not usually give away that which they can readily sell for a considerable amount. In fact the old gentleman in declining health, sighing for a junior partner without a premium is a myth.

"Scarcely a week elapses in which I do not receive a letter in which a client writes to say that "he thinks the practice numbered ——— will suit him, and that if he decides to purchase it, his own will be for sale." An unprincipled agent will take advantage of such imprudence, and commit the applicant to the purchase of the new connexion before the arrangement for the sale of the old one can be completed. Then the victim will begin to see his disastrous position. He must sell, and no matter at what sacrifice; perhaps he finds himself with two houses on his hands, and finally gives away what was worth £500 or £600, because he is obliged to take his introduction in his new practice, and cannot attend to the old one even to give an introduction. Or perhaps he may be fortunate enough to sell without such a complete loss; but how can he give and take an introduction at the same time? Unless he be ubiquitous he either will sacrifice an efficient introduction to what he has bought, or he will probably be plunged into a law suit for non-fulfilment of contract to the purchaser of his own. All this is obvious when it is explained, or even carefully considered; yet there are intelligent men who actually propose to exchange practices as clergyman exchange livings. If an efficient introduction be necessary to either, the thing is utterly impracticable."

In conclusion, investors are recommended not to expect to find a perfect thing adapted to all their wants, and those who desire to

dispose of their practices are advised not to expect that a sale can or ought to be made without the amplest opportunities of investigation by the purchaser.



- I. *The Nature of Cholera*, By WM. SEDGWICK. New Issue. Pp. 200. Walton and Maberly. 1866.
- II. *The Arrest and Prevention of Cholera*. By A. E. SANSOM, M.B. Pp. 131. (Crown 8vo.) John Churchill and Sons. 1866.
- III. *On Cholera*. By Dr. C. DRYSDALE. Pp. 34. Robert Hardwicke. 1866.

THE recent epidemic visitation has rendered the profession prolific in the matter of cholera. Amongst these productions, the works of Sedgwick, Sansom, and Drysdale, lie still upon our table. We approach these authors with interest, as their names are already more or less known. The first, amongst other contributions, from thoughtful and valuable papers on the Heredity of Disease, a subject as yet in its infancy, but apparently pregnant of promising result; the second, as a scientific pioneer in anæsthetics; the third, from his deeply-expressed scepticism, with regard to the action of certain therapeutical agents. In fact, these gentlemen fairly represent the direction of thought and inquiry, pursued by our modern Asclepiads, in opposition to the unprogressive dogmatism and servile reverence for authority, so prevalently evinced in the past. Hence, we were desirous to ascertain their views on cholera, a disease on which so much has been written, and written so frequently in vain.

Mr. Sedgwick, who has had experience of the disease at its source, or we should rather say at its reputed source, in India, endeavours to prove that cholera is the result of "functional disorder of the sympathetic nervous system, excited through the medium of the alimentary canal, chiefly of the stomach" (preface)—a view originally, but vaguely, entertained by many of our Indian brethren nearly half a century ago.

The arguments in support of his theory are—1st, The evidence from analogy founded on "the general relation between cholera and other disorders which admit of being directly referred to an affection of the sympathetic system, produced through the medium of the stomach;" and 2nd, The evidence derived from "analysis of particular phenomena in cholera."—(Page 25).

Under the first head are considered certain gastric lesions and impressions, more particularly the effects of perforation of this viscus from disease or injury. The parallel subsisting between

this last and the symptoms of cholera, is very strikingly shown in detail, most stress being laid on the urinary suppression, which the author and others have observed to ensue on collapse attending perforating ulceration. Under the second head, Mr. Sedgwick points out that (bearing the foregoing fact in mind), the serous discharges in cholera cannot be fairly accounted to explain the suppression of urine, as has been generally accepted. We believe the researches of the author on this part of his subject, to be altogether original; they are worthy of careful consideration, and are highly confirmatory of the validity of his theory.

The arrested formation of urea, proved by Drs. Garrod and Parkes, is also corroborative of an impression on the sympathetic of the abdomen interfering with nutritive operations, and harmonises with the corresponding diminution or absence of formation of carbonic acid, in consequence of which pulmonary collapse occurs, which is regarded rather as a sequel than a necessary part of the disease.

The author next proceeds to argue against the presence of a specific organic poison in the blood, with considerable ability.

He testifies that cholera (*sicca*) may assume the fatal form of collapse without premonitory alvine discharges—in such cases there being a notable failure of the circulation—and concludes that as the stomach loses its absorbing power in collapse, the collapse is intimately connected with a morbid condition of this organ.

His views greatly accord with the evidence collected during the recent outbreak in East London, where the introduction of impure water into the stomach has been almost mathematically demonstrated to be a chief, if not the sole, agency in the development of the disease.

In the section on treatment, the author, who has little faith in drugs during the stage of collapse, reviews the authorities who extol the efficacy of venesection. He advocates the employment of hypodermic injections, and thinks turpentine administered internally to be the most useful remedy. This chapter demands careful perusal, and, from the evidence adduced, a revival of the practice of bleeding in cholera, seems not only warrantable, but worthy of extended trial.

On the whole, it is difficult to epitomise the contents of the book, which is lucidly written and deserves to be attentively read by all interested in the study of the disease. The reasoning, which is sustained by abundant facts, is close and consecutive, and, in the provisional state of our knowledge, the work must be regarded as affording one of the most rational and complete interpretations of the phenomena of cholera which has been hitherto promulgated.

The little work of Dr. Sansom is written in a popular style, and evidently intended for general readers. He gives a short sketch of the history of the disease, and, reasoning from analogy, concludes the poison of cholera to be a physical, portable entity—the view, we may remark, adopted by Drs. Baly and Gull, in their Report of 1854.

To meet possible objections, Dr. Sansom says :—

“It may not be given us to see the molecules of a vapour or a gas, but of both we prove physical properties, and are justified in assuming a physical existence.”—(Page 18.)

He holds the cholera germ to be not only *organic*, but *organised*; and that it *lives*, and *grows*, and *multiplies*.—(Page 25).

He is a contagionist; or as he would probably prefer, an infectionist. Occasionally he is not unassailable in his argument, *proof*, at a later page, being substituted for *belief* in an earlier paragraph.

After useful suggestions concerning the pollution of rivers, the water supply, and the unsanitary condition of the dwellings of the poor, he gives (Chap. iv.), in his Principles of Disinfection, useful and available information as to the employment of the leading disinfectants and antiseptics, such as chlorine, sulphurous acid, chloride of lime, carbolic acid, and sulphate of iron, which details are, in great measure, drawn from the report of Mr. Cooke to the Cattle Plague Commissioners. No reference is made to iodine, which we have ourselves used, as a convenient and elegant deodorizer and generator of ozone in our water-closets and apartments during the last few months.

The theory of the author, after careful consideration of the phenomena, as to the cause and nature of cholera, we give in his own words :—

“That cholera is the result of a poison which manifests its effects in two different ways, accordingly as it is in immediate relation with the alimentary canal, or absorbed into the circulating blood. As a primary irritant, it causes the immediate phenomena of vomiting and purging. As an absorbed poison, it compromises the integrity of the great sympathetic nerve, ultimately becomes an irritant thereof, and causes the combined phenomena of true cholera—diarrhœa and collapse.”—(Page 90.)

He then tries to establish the correctness of his view, and to maintain, on physiological grounds, that it depends on *irritation*, not *paralysis*, of the abdominal sympathetic nerve.

His treatment, which is termed “antiseptic,” is directed to neutralise and destroy the assumed organic germs, and for this purpose he employs the sulphite of soda, or carbolic acid (m ij.) with chloroform, at short intervals.

If the diarrhœa be excessive, after the *primary cause* is removed, he checks it by astringent enemata, or ordinary means.

In collapse, chloroform inhalations are recommended, opium

deprecated, and stimulants, with the exception of camphor, condemned.

Though the book is a little technical, we believe the public may learn, and profit considerably, from its perusal.

The pamphlet of Dr. Drysdale is the reprint of a debate at the Harveian Society, in November last, evoked by a paper of Dr. Fox, with brief prefatory remarks of his own, as to quarantine and hygienic measures. The report is interesting, from the eminence of several of the speakers, and as embodying the unpremeditated opinions of all branches of the profession—physician, surgeon, and general practitioner. One-half, amongst whom we include Dr. Drysdale, appear to be contagionists; one-third, and, be it noticed, those who profess to be most conversant with the disease, non-contagionists; and a few express uncertainty on the point. When treatment is referred to, very general favour seems to be accorded to sulphuric acid, while the “elimivative” treatment is widely condemned. In fine, in the introduction, Dr. Drysdale admits that the majority is in favour of astringents in serious diarrhoea, notwithstanding the arguments (or we should say, the ingenious sophistry) of Drs. Johnson, Markham, and a few others.

Dr. Drysdale properly insists on the advantage of repose in bed, but his recommendation of the avoidance of alcoholic stimuli during cholera periods, we consider to be of less than doubtful utility.

In vain, we seek an explanation why cholera is an occasional scourge—epidemic, not endemic. What is the unknown factor essential to its production? Is it meteorological, malarious, or telluric, or due to the presence of cyanides in water (Horn of Munich?) Though certainly not *highly* contagious, it spreads, or is diffused, in the lines of human traffic and intercourse.

Is the affection primarily vascular, or nervous? Though the neuro-pathological theory is, and probably has been, the most general, yet many distinguished writers ascribe the initial effects to some profound change in the blood corpuscles. We remember in our student days, the lecturer on medicine remarking that the sympathetic nerve is hardly ever noticed in autopsies, and that statements of its enlargement, or other alteration, should be received with much reserve. On the other hand, presiding, as this portion of the nervous system does (as physiological experiments reveal) over the vascular conduits and the viscera generally, even functional derangement may lead to perverted circulation, and impairment of the normal equilibrium, existing between the tissues and the blood.

Such doctrines are at present greatly conjectural. But as our

knowledge of the forces operating within the living body becomes more accurate and extensive—forces, it seems to us, identical with those of the physical world, though specialized by their complexity, and the conditions of the animal machine—may we not succeed in appreciating disturbances in the most delicate and recondite divisions of the nervous system?

Until lately, it would have been held impossible, that the rate at which the nervous force is transmitted, could be even approximately measured. As our insight into polar operations widens, may we not achieve triumphs as startling in the organic world as those presented by the telegraph and deep-sea cable? and may not diseased states be instrumentally detected with the precision attaching to the records of the galvanometer and the sphygmograph?

Physiology cannot, however, yet solve these questions. Meanwhile, the prophylactic rules of Dr. Sansom are highly important to the poor, and to the wealthy, in addition, we recommend the pithy injunctions of Diemerbroeck—

“Hæc tria tabificam tollunt adverbia pestem,
Mox, longè, tardè, cede, recede, redi.”

—o—

A Winter in Paris: being a few Experiences and Observations of French Medical and Sanitary Matters, gained during the Season of 1865-6. By FREDERICK SIMMS, M.B. Lond. Pp. 152. John Churchill and Sons.

THE writer of this neat little volume, which is embellished with a couple of photographs, travels over the same ground as the contributor of the “Holiday Notes on Paris and its Hospitals” to the August and September numbers of the MEDICAL MIRROR. Dr. Simms, however, had the advantage of a longer residence in the capital of France. and the result is, this unpretending but very readable and instructive little book. The aim of the conductors of this journal, so far as its reviews are concerned, has always been to furnish such a sketch of each volume reviewed, as may furnish a guide to intending purchasers, and keep its readers in the country and the colonies, aware of all that is being done and written in the great centres of medical science and art. To this end they never stoop to the meanness of reviewing a book which they have not read, nor do they lavish praise, and blame solely on account of an author’s or publisher’s names on a title page. They prefer to make such selections from each book as may give their readers an opportunity of judging for themselves, or where this, from want of space is impracticable, to give a fair and impartial *resumé* of its contents.

We like Dr. Simms's book so well, that the task of selection becomes difficult, and if we should find fault at all, it is rather to give him the opportunity of correcting one or two little omissions in a second edition, which we hope soon to see, than for the mere sake of fault-finding.

Dr. Simms's visit to Paris was during a part, as he remarks, "of an epidemic of cholera, remarkable, if not for its extreme severity, at least, for its long duration, through weather of various temperatures," and it occurred to him that

"some slight and passing observations made in the course of visits to the various hospitals, and in daily walks through the city, may have some interest, as tending to show the means the Parisians have of meeting both the sudden onslaught of disease, as well as its more even and regular attacks."

This slight quotation will show the modest tone adopted by Dr. Simms throughout the book. Like the writer of our "Holiday Notes" he concludes

"that although we are much behind the French in many matters of general organisation, yet in others we are superior, and in short, that each may learn somewhat from the other. Into whatever hospital I have been, the complimentary and respectful tone, in which, whether at lectures, or at the bedside, English practice is spoken of, and English ideas borrowed, has greatly struck me, and I have felt that *on our part we may learn a great deal, especially of the science of diagnosis, from the French.*" (The italics are ours).

The first chapter is devoted to details as to the department of public assistance. The author says:—

"Few are ignorant that the hospitals of Paris, unlike those of London, are not left each to itself, either to spend the enormous revenues which a good foundation, followed by years of management and economy, has caused to accumulate, or by the annual parade of large deficiencies, great expenses, and the immense amount of good they do to extract money from a public always most ready to reply to the pressing demands of an active secretary: they are indeed but so many items in the Department of Public Assistance, which has under its care all sorts of poverty and distress, and sends the sick poor to the hospital—the aged, infirm, and worn out to the various *hospices*—the idle to prison, and the honest workman back to work, if he have strength to do so; whilst poor deserted children and foundlings are sent to proper asylums. Every arrangement made by this body seems most admirable; there is no begging in the streets, and no dying of cold, exhaustion or hunger, as persons found in these states are promptly taken to the nearest guard-house, where supplies await them, till inquiries can be made."

Dr. Simms then enumerates the sources of revenue for hospital expenses, and in addition to those common to English charities there are contributions exacted from theatres, public exhibitions, pawnbrokers' unredeemed pledges, Midwifery and Anatomy fees from students, from work done at these Hospitals and Hospices* themselves, and from farms belonging to them,

* It may be well to explain for the English reader, that a Hospital (*Hôpital*) is for the sick, and a Hospice is a word which expresses the English ideas of Poor House, Asylum, Orphanage, or Foundling Hospital, and Almshouse, according to circumstances.

from the sale of dripping (!) and from cemeteries, &c., &c. The more well-to-do inmates of these institutions also pay small sums, it being thought that they can afford to pay towards their keep, although not for medical advice. These combined sources of income amounted a few years ago, to 17,000,000 francs, or £680,000, of which the hospitals in our sense of the term, received five million francs, or £200,000 per annum. There are no house-surgeons, or resident medical officers in our sense of the word, but the charge of the patients is given to *internes*, who are senior students, the acquisition of a diploma being held to disqualify them for this post. They receive no regular salary, but indemnities are usually voted them, insufficient however to pay for their board. The *externes* answer to our dressers and clinical clerks.

“There are,” to quote again from our author, “within the walls of Paris, fifteen hospitals, seven general, and eight special, the latter number including the ‘Maison Nationale de Santé;’ the number of beds is nearly 20,000 to a population of, I believe about 2,000,000 inhabitants. The rate of mortality now averages 1 in 10 of the in-patients, the period of residence being for all about twenty-four days. In the hospices 1 dies in 22; there is an average stay of twenty-two days.”

Dr. Simms next (Pp, 17-20), gives some interesting details of the diet in the Parisian hospitals, which, as our readers know, is on a uniform system. We are glad to learn from him that the *diète absolue* is almost abandoned, for this is nearly equal to the “bread and water diet” of refractory prisoners with us. It is probably a printer’s error that a foot-note informs us that a *décagramme* = 40·32 grains, for the gramme being equal to 15·44 grains nearly, the *décagramme* is of course ten times that, or 154·4 grains nearly. We are glad to learn that at the hospitals “the medical officers have, when writing a prescription, the discretion to refuse the sick person medicines or treatment at the expense of the charity, and so send him to a druggist; thus far at least his imposture is prevented, and we see that, although the consultation is always gratuitous, it does not follow that the treatment must be so.”

“Another good feature of the Paris system is, that there are no *assistant* physicians attached to the hospitals; a rule which means that the medical men have no weary waiting year after year, in the *out-patient’s* department, until at last when the time arrives for them to enter on duties *within* the wards, they find their private practice coming rapidly on, and that daily their time is less at the disposal of their pupils, who so much need their clinical teaching.”

The explanation of this being, that in Paris, all take their share, of both *in* and *out* patients.

Dr. Simms does not agree with the *Times*, that “The Parisian Hospitals are the finest in the world.” He says:

“Their internal arrangements are not at all comparable to those of most

of our London establishments, although their general management is, I believe, far more economical and careful ; whilst their large airing-grounds, and pleasant gardens, make them little paradises for the convalescents. Their wards are almost always stuffy, over-heated, and over-crowded."

He admits, however, that partly owing to judicious colouring, partly to the furniture, and also to flowers and religious decorations, they have a much more cheerful look than ours have. On one point we must join issue with Dr. Simms ; he complains of the "frottement" or dry-rubbing of the floors, as "grimy in all the dirt and infection." Now, we happen to know that some of the most industriously scrubbed, and scrupulously clean-washed, not over-crowded, hospitals, are never free from erysipelas and pyæmia, and often get hospital gangrene ; whilst other hospitals, in no better situations, and far more crowded, which are *dry-rubbed*, are almost constantly free from these pests.

Like ourselves, the French students follow the *surgeons* rather than the *physicians*. It would be heresy, perhaps, to hint that the latter are partly to blame, yet it is a singular coincidence that the best teachers, such as Trousseau in Paris, and the late illustrious Graves of Dublin, seldom want a class.

From p. 26 to p. 117, Dr. Simms gives special and very interesting details of the various hospitals.

We regret that in mentioning the fact, that M. Bouillaud (renowned for his excellent diagnosis) still bleeds in acute diseases, Dr. Simms omits to give us any details, or even impressions as to the results. The endoscope (for exploring the bladder, urethra, &c.), is, it seems, exhibited in practical séances every Thursday at the Hôpital Necker, by M. Desormeau. We are told that at the Hôpital Beaujon (which, by-the-bye, in our opinion, scarcely deserves the severe strictures on its wards, made by our author, especially as its mortality is admitted by him to be only one in fourteen, or seven and one-seventh per cent.)

"A newly-admitted patient, a healthy, plethoric man, in great pain, suffering from acute articular rheumatism, was immediately bled, and it is but just to say, with the happiest result. Relief from pain quickly ensued, his cure was hardly less rapid, and his discharge followed, if I remember right, within ten days. He had no heart-attack whilst in the house. It is open to suggestion whether a hot-air bath, with other treatment, might not have had the same success."

At the same hospital, M. Gubler was using the thermometer as a means of diagnosis between pleurodynia, and [pleuro] pneumonia, by applying it to the *facial* artery.

"On one occasion, an old man was admitted, in a state of great distress, from cold and hunger, and with a pneumonia of *one* lung. Every part of his body was intensely cold, with the exception of the side diseased, and the *facial* artery on that side gave an indication of five degrees centigrade [9° Fahrenheit] in excess of the temperature on the healthy side. Dr.

Gubler has also, I believe, noticed repeatedly the flush occurring on the face on that side of the body on which pneumonia exists."

Dr. Simms refers both slightly and slightlyly to French surgery, but confesses that he paid no special attention to it. There is a ludicrous misprint on p. 46, last line, where *ablution* is put for *ablation*.

Under the account of the Hôpital St. Louis, Dr. Simms draws attention to its special advantages as a school for the study of *skin diseases*. He found there, too,

"Better ventilation than in any other, and this is due, not to any steam-engine, or special apparatus kept going at vast expense, but to lofty wards, large windows, and good large old-fashioned fire-places."

Scabies seems very prevalent there, for Dr. Simms says that out of about 160 patients (out-door), there are often forty or fifty cases of this. To quote again :

"Such a large number renders necessary a rapid mode of treatment, and so itch at St. Louis is cured in two hours, and in nine cases out of ten most effectually. The process is this :—In a long room are a number of partitions, just large enough to contain the patient, his bath, and his clothes, and in these, at a certain hour, all are collected and made to undress. They are then ordered to pass into a chamber : in the middle of them is placed a bowl of black soap (containing a good deal of potash), with which, after many injunctions as to order and silence, they are made to rub themselves completely, each one assisting his fellow, until the attendant, who assists despotically with his wand, is satisfied that no part is left untouched. They are then driven each to his hot bath, where they get rid of the *savon noir*, and come out with the galleries (*scions*, or in English, furrows) of the insects broken open, and ready to admit the ointment of sulphuret of lime, placed ready to their hand, and with which they rub themselves until the time comes for a second warm bath, and thus the two hours are filled up. It is rarely necessary to use any disinfectant to the clothing, as the sulphur, adhering to the skin, sufficiently destroys all chance of contagion from that side. This treatment is very severe, and often causes an erythema or an eczema, with tingling of the skin for many days afterwards, but a few simple baths relieve this effectually."

For ringworm, M. Bazin still practises *épilation*, or the constant extraction of the diseased hairs of the part of the scalp affected. The "huile de cade" is first rubbed in, to facilitate the extraction, and the turbith ointment given to the patient to use at home. Two brothers, called Mahon, *sine diplomâ*, are also allowed to treat ringworm, favus, &c. We quote from pages 66 and 67, three prescriptions of theirs for the same object.

We have reduced the quantities to English forms :

No. I.—*Pomade*.

R Lard, ℥j ;
Washing soda, ℥iss ;
Slaked lime, ℥j.

Mix carefully.

No. II.—*Powder for the Head*.

Ashes of new wood, ℥iij ;
Finely powdered charcoal, ℥iss.

Mix.

No. III.—*Liniment.*

Oil of almonds;

Oil of laurel.

Ashes of leaves of elder

(no quantities given). Mix carefully, and make a liniment. Anoint the head daily. Place over it a pig's bladder."

Another misprint occurs here in a foot-note to p. 66, where the gramme is made to equal 18·43 grains, instead of 15·43. M. Hardi is said to use strong tincture of iodine for the common (parasitic) ringworm of the scalp. We know, from our own experience, that this is often successful. Dr. Simms, in speaking of syphilides, mentions the case of an unfortunate deaf lady, who appears to have been inoculated with syphilis by the introduction of an Eustachian catheter. This is so startling a story, that we should like further details, ere giving full credence to it. The following is more probable :

"A coachman, who had been eight hours wet through, showed us that the cutaneous imbibition of large quantities of water can produce a pemphigus; but the hydropathists have been beforehand with him in their success in this experiment."

It may not be out of place here to remark, that some of the most obstinate cases we have ever met with of pemphigus, have been in barge and watermen, but probably other kinds of *imbibition* have their share.

Two more extracts from this interesting book, and then we must refrain. The first is on croup, the greater frequency of which, in Paris, Dr. Simms ascribes to its climate, as also that of pneumonia, and bronchitis in children :

"For none of which diseases is any lowering treatment adopted, nor on the other hand, any of a highly stimulating character, wine being rarely given. The French are more expectant than ourselves; they give Nature herself every chance, as much as leaving her alone can be said to do so; but with regard to croup, they go to the opposite extreme with ourselves. They rarely wait, but on the first access of suffocation, proceed to *tracheotomy*, and as far as my knowledge can answer for it, with great success, for out of twelve cases I only saw one succumb. M. Bouchut, in a forcible clinical lecture, says:—'Why should we wait? Let us first, by a careful examination of the fauces and chest, ascertain that real, and not spasmodic croup is the disease we have before us; and then, when an access of suffocation threatens the patient's life, let us operate whilst his vigour is still untouched, instead of waiting till we have finished our trials of leeches, mercury, emetics, blisters, and other remedies, and until the somnolent state of the patient, his blue lips and turgid head, show that his time is near.'"

Our author points out that Mr. Henry Smith, of King's College, advocated the same treatment many years ago, and shows out how tracheotomy facilitates the expulsion of the false membrane.

The last extract is from p. 97 :

"Of ague I have seen three or four cases (in the Children's Hospital), and

am told that many of their fevers take on a remittent type. Two of the cases were foreign, from Algeria; one apparently twice cured by quinine, obstinately relapsed, but was *again overcome by subcutaneous injections of that drug.* "Cholera cases found their way here as to other Parisian hospitals, and had all the well-known characters of this disease in former times, but were less acute on the whole. [Purpuric patches were observed in some cases, and like petechiæ in typhus were considered unfavourable. The course of the epidemic in Paris was always influenced *for the better* by rain and storm."

In a foot-note Dr. Simms adds :

"Its (Cholera's) way of seeking to escape by the bowels, which we may consider as a mode analogous to that which *arsenic* employs, is well-known, and may cause us to think whether we should use an eliminative treatment in cases of poisoning by that drug. I think we may answer in the negative; arsenical diarrhœa being one fatal means out of many by which the poison seeks to kill, we should try to check it, soothe the patient, modify the mischief by counter-irritant means, and get, if possible, some nourishment retained; independently of any special means by which we should seek to neutralize the effects of a poison, the nature of which we know as well as we do its ponderable qualities. Moreover, in a chronic case of arsenical poisoning, we should ask ourselves, in what way less injurious than that of aiding, or causing a pernicious diarrhœa we could help the system to throw off the poison, and induce, perhaps, an action on the skin, or some glandular structure known to be but little affected by it. So, in cholera, the right treatment seems to be such as may moderately check the diarrhœa, and soothe the patient, such as will quiet the stomach, and cause nourishment to be retained, such as will tend to restore the suspended [?] functions of the liver, kidneys, skin, and other glands, besides the use of such counter-irritants as we may judge good."

He suggests some form of opiate—Indian hemp, or chlorodyne. At the Hôpital Beaujon, opiates were much used, especially as enemata. We are not told with what success.

For chorea, we are told that subcutaneous injections of sulphate of morphine are much used, but the author adds, that he prefers the old method, so pithily expressed as "washing, ironing, and oiling," by Dr. Todd.

The remainder of the book is full of well selected details of sanitary measures, and medical police arrangements. For these we refer the reader to the volume itself.

In conclusion, we may add that the book is of value not only to the medical profession, but to all who are interested in sanitary progress. We are glad to have been able to compare the English with the French systems, and we are pleased to find that we English are not so very backward after all.

Dr. Simms writes with a pithy eloquence which is very pleasant reading, and we wish him every success in his literary undertakings.

THE EDITOR'S LETTER BOX.

"De omnibus rebus et quibusdam aliis."

SPECIAL NOTICE: CORRESPONDENCE.—*It is distinctly to be borne in mind that we do not, by inserting letters, convey any opinion favourable to their contents. We open our Correspondence columns to all qualified Medical men, without favour and without hindrance, and thus supply a channel for the publication of Medical Opinion, to be found in no other Medical Periodical in the Kingdom. Many leading Medical Men agree with us in believing that difference of opinion is better settled by dispassionate, just, candid and free discussion than by an illiberal exclusion of all views, save those held by the Working Staff of a Journal. We hope by this liberal policy to retain for the MEDICAL MIRROR that high position, which, as the only London Monthly Medical Review, it naturally occupies. We thank our Professional brothers for their continued confidence and good-will, and we trust by their independent co-operation to convince the Public that the noble Profession of Healing has for its object,—not the selfish interests of a Class,—but the attainment of the Truth, and the welfare of a common Humanity.*

INFINITESIMAL FACTS AND BROBDIGNAGIAN LAUGHTER.

To the Editor of the MEDICAL MIRROR.

SIR,—Few things put a man into better temper than a good hearty laugh. You've had your laugh, therefore I trespass on your good temper. Laugh as you will at me, or with me, my Cyclopean friend, but give me a hearing.

In my hermit-like homœopathic seclusion two things give me the greatest consolation. The first is the knowledge that "there is a peculiar conservative ignorance belonging to the learned, which has always stood firmly in the way of the advancement of the world in true knowledge."*

The *second* is the consideration that the grave and apparently doomed Ulysses got the better of that jovial monster Polyphemus. It may be said, that Arthur Help's above philosophic remark is admirably applicable to centuries gone by; that it exactly describes the "learned" who persecuted Galileo, because his assertion that the world moves round the sun, appeared to them to be both ridiculous and impious; that it aptly fitted the case of the *Spanish junta of Cosmographers*, who refused to entertain Columbus's proposition for the discovery of the new continent, declaring his scheme to be "vain and impossible;" that it accurately depicts the condition of the physicians of Harvey's time, who treated that great man as an arrant quack and impostor, when he announced his discovery of the circula-

* Arthur Helps.

tion of the blood ; but that our present enlightened and scientific age is free from such a stigma ; yes, and you believe it, you think yourselves wiser than your forefathers, and that none shall be like you in time to come ; then, like another Job I would say to you “ *No doubt but ye are the people and wisdom shall die with you.*”

The French engineer Cugnot, in 1770, invented “ *a machine set in motion by steam and adapted to run on ordinary roads.*”^{*} His invention was scouted and he died poor and neglected. Read the lives of our own engineers in the present century, were their inventions *welcomed* or *opposed* by the learned ?

In 1805, Napoleon I. applied to the *French Academy* to know whether “concentrated steam, according to Fulton’s process, could propel a vessel ; *these philosophers replied by a burst of Olympic laughter.*”[†]

We have just seen the completion of the Atlantic Telegraph, was the electric telegraph adopted as soon as discovered ? “The idea was anticipated by Franklin and proposed in 1774 by Lesage, a physician of Genoa.” “The first trial was made in St. Petersburg in 1832.” “Arago wished to speak on the subject in the *French Academy*, but again the *philosophers* ‘burst into a laugh and declared the idea was perfectly Utopian.’”[‡]

I am well aware that all this is no argument in favour of homœopathy, but it consoles a poor ostracized *hermit* to think on these things, and when the *learned laugh*, he knows at what price to estimate their laughter. “*E pur si muove,*” “nevertheless it does move” was Galileo’s comfortable reflection. The inquisitors might make him deny his discovery but they could not alter the fact. You may cast me out of your synagogue “but small doses do act” is the thought that sustains me.

You give a receipt for *homœopathic soup*, the joke is as good as one I once heard about “Calomel porridge.” When you can prove to me that “medicine” is “food” it will be time enough to decide on the best way of cooking it. That *homœopathic soup*, by the way, must be rather stale, it was published in the old *Provincial Medical and Surgical Journal* at least eleven years back, and then not as an original, but as a reprint from some American periodical. I concede that it is very *funny*, but it is not *argumentative*, and it is so very old.

Why don’t you seek some new food for infinitesimal wit ? I’ll give you a few texts on which to exercise your playful satire. *A philosopher stood on the Great Eastern in mid-Atlantic, in his hand he held a LADY’S THIMBLE, which, with acid, &c., he had converted into a mimic Galvanic battery, with this little toy he made*

* See “Granier’s Conferences on Homœopathy,” p. 58. Leath and Ross.

† Ibid.

‡ Ibid.

his mark in Ireland through the whole length of the Atlantic Cable; he, from the midst of the Atlantic, spoke to his friend at Valentia. We are told by electricians that, with this thimbleful of imprisoned lightening a man on the coast of Ireland can speak to his friend or challenge his enemy on the coast of Newfoundland. We are further told, by these dealers in wonders, that a battery of FIFTY CELLS was *too powerful to successfully transmit messages through the wires*, the dose was so strong as to be perturbative, and it was needful to *reduce the battery* to one of FIFTEEN CELLS, before the functions of this *great artificial nerve* could be properly performed.

Now, my jocose Allopath, tell me, what relation in point of size, has a thimbleful of fluid, or a fifteen cell battery or a fifty cell battery to the Atlantic Ocean? What relation have they to the wire of the Atlantic Cable? What was the *weight of the dose*, which was so strong, that the Cable could not stand it? What was the *weight of the dose* that acted well, and what was the *weight of the dose* that acted sufficiently?

What are the *learned* about that they allow these *Electricians* to be Knighted and Baronetted? Why don't you refuse all credit to such a tremendous assault on your common sense? A huge steamer, of 5,000 tons burthen, takes nine days to carry a message across the Atlantic, how is it possible that a lady's thimble can do the same thing in as many minutes? The thing is clearly absurd, if we are to apply, to the statement, the same reasoning which it pleases you to apply to homœopathy and the relation of infinitesimal doses to the human body.

Do you consider how many thousands of miles of copper wire have to be traversed by the atom of Electricity? How many tons of copper have to be set in motion? How many countless decillions of decillions of particles of copper wire have to be perturbed by that atom of electricity. Then the *inertia* that has to be overcome, is that nothing? Think how heavily dead and immovable those tons upon tons of wire lie across thousands of miles of ocean bed, with fathoms on fathoms of water above pressing it down still more heavily, and then see how unlikely it appears that a lady's thimbleful, even of the *strongest bottled lightning* could run through all that mass and set it quivering from one end to the other?

To be consistent, to apply to *electricians*, the same rule of conduct you have used towards *homœopathic physicians*, you must *deny the fact because it is antecedently improbable*; you must insist on expelling *electricians* from your *learned societies*, you must refuse to allow the *electricians* to shew you the experiment; you must refute the alleged fact by *imperfectly experimenting yourselves*; making the *thimble galvanic-battery*, but refusing to apply it to the *telegraph wires*, and then when you put your mimic

battery into the Atlantic on the Irish shore, because it makes no mark on the American shore, declare the whole thing a *sham* and *electricians* quacks and humbugs.

"Infinitesimals," like "Electricity" must be carefully applied to the connecting wires at one end of the telegraph, if the message is to reach the other, and as it is only skilled *electricians* who can be expected to perform these delicate operations with success, so also it is only *skilled* Homœopathic physicians who can be expected to be successful in the more delicate vital operations involved in the treatment of disease.

The *learned* among you will not oppose the proposition that a *living nerve* is more sensitive to impressions than a *copper wire*, and that the living human body, with its complex nerve system, may be likened to a world traversed in all directions by telegraph wires. These nerves control every bodily function, and the efforts of physicians in the present day have been specially directed to the sustaining of life by *increasing the nerve force*; and to the *throwing off disease by the stimulation of nerve force*. Suppose it should prove, that every medicine has its specific relation to some special organ, or even to some special nerve tract, and that the true dose of such *specific medicine*, should be such as to suffice to stimulate the nerve up to the point of health, so as to *control the perturbed function*, or to enable a loaded and oppressed system to fling off a poison oppressing it; suppose this, then where is the absurdity of small or even infinitesimal doses of medicine?

You *Allopaths* prefer acting through the blood—*i.e.* sending your message in vessels across the Atlantic—we *homœopaths* prefer using the telegraph. We don't pretend to do with *our thimble* what you do with your steamships. There is as wide a difference between the allopathic and homœopathic actions of drugs, as between steam and electricity, you can't class the two facts in the same category, and *reason on the one from your knowledge of the other*.

Virchow knows better than to fall into such an error as to compare *physic* and *five pound notes*, or *physic* and *food*, or *physic* and *mustard*. And as *Virchow* has not been tabooed, as yet, by his scientific brethren, you will perhaps listen to him. *VIRCHOW* it will be conceded knows *something* about *pathology* and *physiology*, and therefore, has some right to be listened to with respect, even when he discourses on infinitesimals.

Even the feasters on *Calomel* "*porridges*" may deign to hear him while they quaff the social *black draught*. In the "*Gessammelte Abhandlungen Sur Gissenschaftlicher*,"* he says. "A minimum

* I extract this quotation from Ryan's *Homœopathic Infinitesimal Doses*. London: H. Turner, 77 Fleet Street.

of a very energetic inciter may possess very great, nay lasting effects, since, the primary catalytical action may be propagated further and further. *This is one of the facts which demonstrate the possibility of the so-called homœopathic effects.* Yes, and this catalytical action takes place, the more intensely, the greater the specific relation existing between the remedy and the ramgsion, or any of its parts, so that, it is actually this proportion which determines the degree of irritation; and *the remedy which is homœopathically indicated is also the strongest,—i.e.,* causes the most powerful stimulations. In this proportion, however, the one factor is represented by the *inciter*; whereas the second the greater, and more important one, is represented by the susceptibility of the organism towards the former.”

“*If it is now said that provided such infinitesimal doses produced any effect, men would be every moment exposed to disease, in consequence of the medicinal potencies, contained in the atmosphere, in the water, &c. The fact is overlooked, that the small dose is only effective when there exists the necessary specific affinity between the organism and the remedy.* If this is wanting no effect takes place. This is the reason why, in the midst of the most subtle and dangerous potencies (I mean miasm and other contagious diseases), those persons are first attacked who have a specific susceptibility for them; whilst others, in whom this predisposition does not exist, escape with impunity, though equally exposed.” Thus says one of your own great prophets.

Yours very obediently,

WILLIAM BAYES, L.R.C.P., Lond., (Extra urbem),

M.R.C.S. Eng., *Editor Homœopathic Review.*

[“Res non verba,” quæro.—ED. M. M.]

—o—

SECTARIAN MEDICINE.

To the Editor of the MEDICAL MIRROR.

SIR,—As a subscriber to the MEDICAL MIRROR from its first appearance, I cannot but rejoice in the spirit of fairness which you are manifesting towards those members of the profession who conscientiously practise Homœopathy.

In the current number (October 1866), in writing of the *Monthly Homœopathic Review*, you express your dislike to what you call “sectarian medicine.” I believe that many Homœopaths fully sympathise with you in that feeling, and I am moreover persuaded that if fairness had been shown to those who have, in whole or in part, adopted the doctrine of Homœopathy, the *sect* and its sectarian designation would long ago have ceased to exist. To the utmost of my power, I have ever sought by voice and pen to use any influence which I may possess to heal the

breach which unfortunately exists in the ranks of my profession. I have acknowledged my belief that Homœopathy (by which I understand, not an infinitely small dose, but, a principle upon which medicines are selected), is an important, though by no means the sole truth in medicine; yet have ever held and claimed for myself the right and duty to use any and every means which my judgment and conscience may approve of for the relief of the sick who come under my care. But what is my position? I am met by my colleagues with insult and abuse, every courtesy which professional etiquette has established is denied me, I am denounced as a quack and impostor, my patients are told that I have no legal qualification and the basest and meanest falsehoods are resorted to by members of our profession who are in other respects considered to be men of truth and honour. Whose fault is it that I am called a sectarian? whose fault is it that numbers of others as liberal in their doctrine and practice are called sectarians? Let our standing be acknowledged, let the right which is accorded to all other members of our profession, to treat their patients according to the best of their judgment be accorded to us, and we are sectarians no longer. Let the recognised organs of our profession be open to receive the results of our experience and practice, and we shall need no sectarian organs—We are not responsible for a sectarianism which we deplore.

My own belief in Homœopathy amounts to this:—

1. That the doctrine of *similia similibus curantur* is a general though not a universal truth. I believe moreover, that its limits may be pretty accurately defined.
2. That the action of medicines should be learned as far as possible by their effects upon the healthy organism.
3. That medicines so proved and administered upon the principle of *similia*, &c., often act most favourably in small doses.

Beyond this I am not a Hahnemannist, I hold myself confined to no dose, and in a very large proportion of my prescriptions order the simple preparations of the British Pharmacopœia. I take whatever I esteem to be good and true in the discoveries and teachings of general medical science, as my own property, and avail myself of it, but, because I dare to believe that there is something good and true in Homœopathy, and to avail myself of that, I am treated as an outcast, and am denied the treatment which, as a gentleman only, I have a right to expect.

I ask, then, who is responsible for this sectarianism; I or my colleagues? Nay, who are the sectarians? The allopaths who are only *allopaths*, or myself, who, as a *physician*, will not deny what I believe to be true, because it is not of allopathic origin?

I have not attempted to enter into the question proposed by

Dr. Conquest, "Is there any, and what amount of truth in homœopathy?" but allow me respectfully to say that your own notice exemplifies that general ignorance of homœopathic practice which characterises all the adverse criticisms of the medical journalists. You assert that "calomel is the trump card of the homœopathsists." I venture to say that there are few medicines less frequently used than calomel. Mercury in some of its forms, from its very extensive range of action, is no doubt often prescribed; but I may safely say, not with one-tenth of the frequency with which it is used in ordinary practice. I have not given a dose of calomel more than three times during the last six years, and in those cases it was used in ordinary doses and for the usual purposes.

Homœopaths have no trump card; but if frequency of administration would entitle any medicine to such an appellation, a little practical study would show you that there are many medicines to which it is far more applicable than to any preparation of mercury.

I am, Sir, yours obediently,
A REGISTERED M.D., L.R.C.P., AND M.R.C.S.

Oct. 5, 1866.

P.S.—I fully concur with your remarks about unqualified practitioners of homœopathy, and I am sure no respectable homœopathist would acknowledge them. That there are some I know; but happily our ranks are very much more free from such than those of our opponents. I append the following extract from a little *brochure* published by me some six years ago:—

"To both parties I would say, My brethren! a truce to this war, let wordy strife cease, let truth be your only pursuit, and join hand in hand, not in a slavish submission to the teaching of any, nor in an unworthy compromise of principle, but in an honest, earnest resolve to seek the right and to do the right. Angry words, abuse, and insult become not philosophers; descend not from the high stand point of science to the vulgar arena of the prize-ring; but, as members of one noble profession, who have no secrets from each other, who would each repudiate an arrogant assumption of superior wisdom, who agree in demanding from their associates the legal proofs of their right to be enrolled among them, and whose abhorrence to all that really constitutes quackery is equally great,—put your lamps together, let each be willing to discover his own wrong and his neighbour's right, and let all your discussions be founded upon actual experiment. Then shall our science rightly claim the appellation of a *science*, and our profession grow in that public esteem and confidence which bid fair to be forfeited by our unseemly strifes and ungentlemanly demeanour."

DR. KIDD ON VIVISECTION AND CHLOROFORM.

To the Editor of the MEDICAL MIRROR.

SIR,—I wish you would let me say one word in explication further of your review on "Vivisection." It may be that our illustrious friend, Sir W. Fergusson, may have become, as you say, an expert ovariologist or operator for cataract by going "to a carpenter's shop and sawing many yards of planks" in default of bones to saw, or preferring that intellectual work to vivisection, and that vivisection is a crime, as held by veterinary doctors as they practise it at Alfort. Yet it would be only fair to ask what have been the results of the vivisections of men like Claude-Bernard or Brown-Séquard? What did we know of the mechanism and nature of the epileptic fit, of puerperal convulsions, of diabetes, and a dozen other diseases before the vivisectional researches of these physiologists. The word of further explication I would wish to insert is this—that I myself sent in an essay almost exactly like Dr. Markham's, but with this most necessary addition, that I showed how eight in ten of the vivisection operations may be done far better under chloroform. The only question honestly at issue is one as to cruelty; it is known also that the leaders of this Society are sporting men fond of hunting foxes and unhappy hares. The object of the prize was obviously to show up or make a little dishonest "sensation" against all physiological experimenting. And then if we stopped vivisection in England would that not increase them on the Continent. Yet chloroform or carbonic acid gas would prevent all the cruelty now in our butchers' shops and vivisection theatres; but this was not taken the least notice of; and even when at a so-called congress held at the Crystal Palace, when I showed how all cruelty could be abolished, it seemed taking the winds out of the sails of this sensationalising society, and there and elsewhere Dr. Richardson and I were hissed, all doctors called savages, and nothing cried up but revenge on doctors for such Alfort butchery. It was seriously thought to prosecute Brown-Séquard, &c. I cannot help thinking it is a curious fact that, with the exception of the *Athenæum*, all our medical journals have sided with the "sensationalisers."

I am, &c.,

CHARLES KIDD, M.D.

Sackville street, October.

P.S.—What the veterinary surgeons do at Alfort is a humiliating disgrace to our common profession. Good political capital, so to speak, has been made out of it by this society. Some thirty-three or thirty-five essays, it is said, were sent in,

and how Professor Owen could have read them all appears wonderful. The Alfort men have got the prize by attacking Brown-Séguard, &c., through horrors of their own creation.

“Suo sibi hunc gladio jugulo”

As Terence has it—“I would wish to foil them with their own sophisms.”

MEDICAL OPINION.

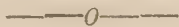
“FORWARD!”—*Blücher*.

The commencement this month of the new feature “Surgical Opinion” has encroached upon the space usually devoted to “Medical Opinion.” We must therefore select but one book out of the various medical magazines that lie on our table for review. We will take care that next month Medical Opinion shall occupy its usual share of the columns of the MEDICAL MIRROR.

The last *Madras Quarterly Journal* is more than usually readable, for it has fewer statistics and it has fewer long-winded reports. We know very well, that except in time of war, Indian doctors have a very easy time of it, indeed, at capital salaries, so our Madras friends have no excuse if their “medical organ” is made up of crude and ill-digested reports. Dr. Farquahar, of Bangalore, writes on delirium tremens. He gives ipecacuanha in large and small doses. He also gives chicken soup. He gives the credit of the cure to the ipecacuanha. We read his cases otherwise. We give the credit of the cure to the soup and say that they got well in spite of the depressing ipecacuanha. Medical service in the army both in India and at home has enabled us to form an opinion about delirium tremens and its treatment. We believe in essence of beef, pepsine and hydrochloric acid. The obvious indication is to restore the flagging heart and brain. Any talk about “exalted state of the vital powers” (in D. T.), is unmitigated twaddle, however high the authority may be who says so. When we say that Dr. Farquahar values ipecacuanha in delirium tremens in consequence of its “eliminative” action, we have said enough to shew that he has no very clear ideas as to the indications in delirium tremens. We are glad to observe by a footnote that since his paper left his hands for press, Dr. Farquahar has had the advantage of reading Dr. George Johnson’s brilliant lectures on the treatment of delirium tremens. We observe that Dr. Farquahar is pleased to call Dr. Johnson’s lectures “excellent.” Then why, Oh why did not Dr. Farquahar order his M.S. on ipecacuanha as a cure for delirium tremens to be thrown into the Editor’s waste paper basket??!! Dr. Johnson clearly states that a *fatty heart* often causes the illnourished state of the brain which is shewn in the condition called delirium tremens. Will ipecacuanha remedy a fatty heart?!

The following is a step in the right direction, and we thank Mr. Chipperfield for giving us such interesting information on the subject of the properties of the leaves of Cinchona. The Cinchona plant has been recently planted in the Neilgherries, and it is one of the best things the Indian Government ever did. We sincerely hope that Mr. Chipperfield will not relax in his botanical and pharmaceutical researches. We all know what a mine of wealth in drugs exists in the “hills and plains” of India. Were our Indian Government to grant C.Bs., and knighthoods for the best researches into the botany and pharmacy of that vast territory, it would do much to keep up the standard of excellence in our Indian Medical Service. It would offer a field for exertion and enterprise that is now wasted in retailing the gossip of the station at the “Chota Haziree,” or in the more dangerous fascinations of the band-stand. Mr. Chipperfield intends to make further and more complete investigations on the anti-periodic properties of Cinchona leaves. In the meantime he gives us the following:—

“It appears to me that a much more extended trial of the leaves is required before any correct conclusion can be arrived at as to their value as an antiperiodic, but that the bitter infusion acts well in giving tone in cases of atonic dyspepsia, and of debility, especially after fever; and I consider that the Infusum Chinchonæ Foliorum would be a useful addition to our list of bitter vegetable infusions. So far as my experience enables me to judge, I am led to the conclusion, that in simple cases of mild intermittents the remedy may be trusted to, but that in severe cases of malarious fever it is not one on which any great reliance can be placed, and that it is in no way comparable to the extracted alkaloid salt, Disulphate of Quinine, as a genuine trustworthy antiperiodic.”



SURGICAL OPINION.

“SEMPER PARATUS.”

Our country friends will observe, by their *Lancet*, or their *Medical Times*, that all the London hospitals have operating “field-days.” Some have one, and one has six, weekly. The Ophthalmic Hospital has six (Moorfields). Whether these six days of operating labour betoken a multitude of operations, or whether it is a simple advertisement, we know not. King’s College Hospital has but one operating-day, and we suppose London cannot show any better surgeons than Sir William Fergusson, Henry Smith, and John Wood, so that if one day does for King’s, Moorfield’s might be content with one also.

Professor Sir W. Fergusson, at King’s College Hospital, on Saturday, the 27th October, delivered some exceedingly lucid *extempore* remarks on diseased bone, and its removal. The accomplished baronet had three such cases, upon which he operated. Two were cases of necrosis of the tibiæ of two boys. One was a case of necrosis of the femur in a young man. Sir W. Fergusson operated on all in his usual careful manner. He expressed his opinion, that necrosed bone should be removed as soon as possible, and if, as in a case under notice, so much new bone has been deposited that removal was impossible, at any rate, that all sinuses should be laid bare, down to the diseased bone, and kept open with lint. Although we have often had the honour of seeing Prof. Sir W. Fergusson operate, we could not but be again struck by his marvellous facility and dexterity with the knife. Mr. Henry Smith performed a secondary amputation of the leg—that is to say,—a case had been admitted into King’s College Hospital, which somebody or other had operated upon, and who had left, to our mind, too little covering for the bone, which consequently seemed inclined to protrude through the skin. Mr. H. Smith remedied this state of things by cutting straight across the face of the cicatrix, dissecting back the flaps, and cutting off about an inch of bone. This was done in his usual neat style. We observe that curved needles are still used by Mr. Smith to sew up flaps. We cannot understand why surgeons don’t use straight triangular-edged needles, instead of weak-curved abominations. Curved, flat needles slip about, and often break, and straight ones don’t. Surgeons should emancipate themselves from the tyranny of custom, and the silly usages of instrument makers.

We would respectfully suggest to its medical staff, that King’s College Hospital should issue a yearly volume of cases treated within its walls, like the other great hospitals do. St. George’s has issued a handsome volume this year, for the first time, and it is odd that the hospital which boasts of the best operator in London should have no volume of reports. The cream of the case books of both surgical and medical wards should be taken, and a photographer should be appointed to photograph the cases prior to operation, and subsequent to recovery. The medical and surgical staff of King’s College Hospital receive no salary for their labours, except through indirect fees, and the least the Hospital Committee can do is to publish their cases in a handsome volume, yearly. It would interest and instruct the profession, and it would, moreover (which we suppose will have the most weight with the Committee) act as an advertisement, and bring in subscriptions and pupils to the Charity. However, it is no affair of

ours, but if King's chooses to be in the wake, and not in the van, of medical progress, it is time that such men as Sir William Fergusson should remove to hospitals that are better able to afford to record operations in the manner that their brilliance and usefulness merit. We can only regret that the Government has located the Army Medical School at such an absurd distance from the Metropolis as Netley. The sucking military doctors would have found Sir William Fergusson's brilliant operations, and earnest common-sense remarks on each case more valuable than the laboured operations, and very ordinary lectures, of the mediocre Professor Longmore.

The volume of the Army Medical Department Reports, for 1864, is before us. It is a tomb of facts. It is not a whited sepulchre, for it is blue. Like the elephant, the Department carries its burden for two years ere it gives its matured offspring to the world. The mountain was wonderful in its labour pangs, yet a ridiculous mouse was its reward. Is this blue book worth a two years' labour pang? We will see, and give our experiences in future numbers. When we entered the Service there was no Blue book, and no spawning ground for military doctors. The hotbed at Netley, where doctors are forced like mushrooms, did not then exist, for we entered the Department under the kindly rule of Andrew Smith. He did not expect old heads on young shoulders; but when we say that such a man as Phillip Frank entered the Department under Andrew Smith, we have said enough to prove the excellence of his regime. Why has the Department no prizes for its servants? Why did they allow a noble lord to engage Dr. Frank, the most brilliant doctor that ever shed lustre on the Service? Were the superintending housemaids in gold lace, with swords in lieu of Turk head brooms, afraid of a real doctor?

THE MONTH.

OCCASIONAL NOTES.

———— Mens sine pondere ludit.—PETR.

THE POLITICS OF THE MONTH.

The chief features in Continental affairs can be summed up in a few short but pregnant words. A law of might has been established. The boundaries of old states are crumbling to pieces. Anything more humiliating than the position of the King of Hanover can hardly be conceived, and when it is remembered that he is a branch of the Royal House of England, our country does not stand the higher in consequence, in the opinion of our Continental neighbours. Venetia has been ceded to Italy, and everybody has been very triumphant about this, but we cannot but feel that in all these new appropriations, there is an element of danger to the old and scattered dominions of our Queen. Prussia would rejoice to see Gibraltar conceded to Spain. Malta, with the flag of England floating over the azure waters of the Mediterranean, is an eye-sore to the French. The Monroe doctrine has many followers in America, and Canada is defenceless against the huge armies of an United States. The English Parliament, during Lord Palmerston's long reign as Prime Minister, deteriorated to a huge vestry. It was certainly known as the best club in London, but the aspirations of true statesmen were checked, and earnestness had no place. A Railway Bill could excite emotions, and cause a strong muster of the so-called tribunes of the people; but there was always a thin house for our Colonial or Indian affairs. Englishmen boast that "the sun never sets on the dominions of their Queen;" but, nevertheless, no one knows less about the many dependencies of the Empire than the English people. A court-martial, ordered by the Commander-in-Chief in India on

his *aide-de-camp*, has just been completed, and the whole thing reflects the highest discredit on our national reputation. When our Continental neighbours learn, that for three months the Consuls of our Indian Empire were occupied with a case involving the loss of pickled onions, they will repeat the words that rang so often in the Roman Senate, "*Delenda est Carthago!*" The unthinking nature of the leaders of English opinion was sufficiently shown in the Danish question. There were not wanting many who would have rushed to the assistance of Denmark, *although we had not at that time a single breech-loading rifle among the regiments of the line*. At present the people are taken up with the cry of reform, to the exclusion of the many interests involved in our Foreign policy. Let us be done with Reform. Reform certainly is needed, but what we have to do, let us do quickly. Let there be no party opposition to a good Reform Bill, even if coming from Lord Derby's Government. No one is better fitted to keep up the honour of the English Empire than Lord Derby, and we are much mistaken if his talents will not soon be wanted, for Andrew Johnson, the Democrat President of America, has been defeated. He has been defeated in consequence of the support which the Fenians have given to the Radicals. He is now standing on a political abyss. He may perish like Charles I., or he may ride the storm triumphantly. The tactics of Oliver Cromwell are open to him. He can disperse a rabid Congress. Andrew Johnson is the friend of England. In his life we have safety, but in his death we cannot but read war against England. At a crisis like the present, let us not offer a factious opposition to reform, but let us, as true patriots, bury the axe of internal political strife. Let us eschew opposition for opposition's sake, and unite to carry a just measure of careful Reform. But in all our struggles for Reform, let us not forget our blessed Christian faith. Let it not be said that the great and powerful Liberal party in the kingdom is as lax in its religion as it is advanced in politics. It is a good thing to gain the votes of men, but it is better to serve the Lord.

MEDICAL AFFAIRS.

The extra Parliamentary utterances of some of our worthy M.Ps., are at present exciting the public mind. But the amiable, if not brilliant, representatives of the Medical Corporations at the board of the Medical Council are not following in the wake of the representatives of the people. Many will be profoundly thankful that they are only bored at the legitimate sittings of the Medical Council by such oratory and such utterances as theirs, yet there are many subjects that are occupying professional attention at the present time, concerning which all would be glad to hear even the opinions of these solemn representatives of Medical vested interests. To expect from them any statesmanlike remarks on the many vexed questions now troubling the minds of the working men of the profession would betray mental weakness, for the Medical Council has been tried in the balance and has been found wanting. It is consequently not improbable that the Ministry may be induced to take into serious consideration the anomalous condition of the Medical Council, as the embodiment of professional opinion. The profession, as well as the corporations, must be represented, and this can only be done by an election of a certain number of the members of the Medical Council by the suffrages of the professional men of the kingdom. The Medical Council would then become a reality and a power, and it would cease to be the champion of monopolies, and the bar to medical progress. Were a Minister of Public Health appointed with a seat in the House of Commons, responsible to Parliament and the nation for the health of the people, including our soldiers and our sailors, it would be a step in the right direction. If this Minister of Health were *ex-officio*, the President of the Medical Council, he could be ably assisted in his duties

by the picked medical talent of its members. Such an organisation as the above would lead to the best results, and it would supply a legitimate channel for the energy of men of talent in the ranks of the profession who might be anxious to serve their country. We commend the above remarks to our professional brothers, and we trust that those who, in addition to occupying the front rank as men of science have also powerful political influence, will use the same for the benefit of a rational and statesman-like amended Medical Bill. One new feature we must not omit. It is clear that the public is equally, if not, more interested in medical legislation, than the doctors. It would therefore, be advisable that laymen distinguished in the walks of sanitary science should be equally eligible with the doctors for election to the Medical Council. The administrative talent of such a man as Mr. Chadwick, would prove invaluable in a Reformed Medical Council. Under the scheme as above propounded, all Medical Officers of Health would be emancipated from the petty rule of vestries, and would report direct to the Minister of Health in Council assembled. They would thus be "a terror to evil doers and a praise to them that do well."

ON PREVENTIVE MEDICINE.

If we were to name any living doctor as having inaugurated the now well established principle of preventive medicine, we should bring a regular hornets' nest of correspondence about our ears. The golden apple that the goddess of discord threw among the gods did not create more heartburning and jealousy than would such a concession create among the doctors. We are glad, therefore, that we can point out the true authors and originators of the great practical reform in the then Augean stable of medical science, without any fear of tumbling over a medical wasps' nest in the metropolis. The names of Edwin Chadwick, C.B., Mr. Godwin, F.R.S., and the late respected Dr. Southwood Smith are too well known to the public as the apostles of this great movement for any living *follower* of their theories or *adopter* of their views to have the hardihood to attempt to take the merit of the same. Preventive medicine is now a well known science, and it can boast an accomplished physician, as its mouthpiece at our military medical training-ground at Netley. Our London and Provincial Hospitals, devoted to the education of our rising medical men, are still, more shame for them, in the back-wash of the advancing tide of knowledge. It is a slur on our great London hospitals, that the Female Medical College in Fitzroy square should have been the first to establish a chair of preventive medicine. Dr. Aldis, a distinguished Medical Officer of Health, has accepted the appointment and we are awaiting with much interest his course of lectures. As the MEDICAL MIRROR was the first medical journal in the kingdom, which vindicated the position of the rising female practitioners, we are glad to observe that they have vindicated themselves by the advanced step they have taken, and that they have proved that our estimate of their capabilities was not overrated. King's College Hospital can boast of two baronets on its hospital staff, but it cannot point to a professor of hygiene or preventive medicine. Dr. Druitt, who has done so much for surgery, an old and distinguished student of the college, is a Medical Officer of Health, but it has not yet entered the head of Mr. Cunningham to propose him as the Professor of Hygiene to the college. We are glad to observe that the mind of the British public is being most forcibly directed to the subject of preventive medicine by many powerful pens in those channels which ere this have moulded the policy of the country. It is not by deputations and by ponderous statistics officially brought to the notice of the Ministry that changes are accomplished. It is rather by the fascinating, accomplished, and statesmanlike essay that distinguish the *Edinburgh*, the *Quarterly*, the *Westminster*, *Blackwood*, *Fraser* and more

recently the *Fortnightly Reviews*, that statesmen are perfected in their art. Such an article from the pen of Mr. Chadwick appeared in the September number of *Fraser*, and we are glad to observe that this respected and well tried public official has received in the *Fortnightly Review* of the 15th October that solid tribute to his administrative talents which he assuredly so justly merits.

MEDICINE AND PHARMACY.

No one will deny that this is essentially an age of progress. Any one who loiters on the path of life will be jostled out of the race, and will be lost for ever. It is a sign of progress that the noble example of the late estimable man and founder of the Pharmaceutical Society, Jacob Bell, M.P., is bringing forth fruit, at the present day, in innumerable disciples, who are following in the footsteps of their great master. Any one, whether Pharmaceutical chemist or Doctor, will find excellent mental food and a text for reflection in the most lucid, and, we might almost say, most learned address of Mr. Ince, which he delivered to a crowded audience at the late meeting at Nottingham. Medicine has its aspirations for progress, but they are marred by internal squabbings and dissensions, by petty jealousies and want of brotherly fellowship. Fine fellows as we are, we have much to learn, and it is our honest opinion that, not a little may be learnt from the masterly administration of the widely separated constituency of the Pharmaceutical Society. It only requires to be represented in the Medical Council to take its proper position as a great medical power. When we read of strychnine being mistaken for bismuth in medical practice, it shows that the pharmaceutical education of the medical student must be closely supervised. We know of no better supervisor and no safer teacher than the Pharmaceutical Society. Physicians notoriously avoid the drug room, and a Professor of materia medica has been known to boast that he left the drugs to the porter to show and finger for the pupils' benefit. In conclusion, we would add that we have every respect for the labours of the Apothecaries' Company in their excellent endeavours to keep up a practical knowledge of drugs in the profession, but, as their diploma is unfashionable, they have but little influence. We can only hope for this excellent body a return of position, by their either procuring a new charter to enable them to grant the M.D., in lieu of their Licentiate'ship, or else by an amalgamation with the youthful and vigorous Pharmaceutical Society.

VILLAGE HOSPITALS.

The fact of a third edition of Mr. Napper's excellent little work having been issued by Mr. Lewis, of Gower street, shows the intense interest which Mr. Napper's simple and practical account of village hospitals has excited among our professional brethren. As our readers will probably remember, this essay was published in the first instance, as an original communication, in the pages of the *MEDICAL MIRROR*; any long abstract of its views are therefore unnecessary in our columns. We are glad to observe that the pundits of the *Lancet*, have given a favourable review of Mr. Napper's labours in the cause of village hospitals.

We are determined opponents to any system which has for its object, the relief of people who are able to pay for medical advice. We know that in London, the hospital system has been, and is hourly, terribly abused. Others besides the poor and needy, use the hospitals, and thus the pockets of the hardworking, and ill-paid general practitioners, are systematically picked. For the most humble scale of medical charges cannot compete with the gigantic system of gratuitous medical relief, that is bolstered up, as an incubus on the medical profession, by charitable, guinea-giving people. We respectfully ask our brothers in the weekly medical press to assist in venti-

lating this crying evil. Let us, in God's name, do what we can for our struggling medical brothers, by pointing out some good method of remedying this wretched abuse of charity. Let us leave off cholera theorising, and seek to find a cure for the great disease called "Unpaid Medical Labour." Our cholera disquisitions do no good to anybody, for whatever a man's opinions happen to be, those opinions remain unaltered by argument, on the principle of what he "means, he says, and what he says, he sticks to."

If a system of village hospitals were intended to rob the surgeon or physician of his just earnings, we should oppose their formation, and appeal to the public to withhold pecuniary support; but we are glad to know that village hospitals can never do anything of the kind, for the circumstances of all in our country districts are too well known to lead to any abuse of the charity. As things stand at present, general practitioners are frequently obliged to buy costly instruments for occasional operations in their private practice. This is a great loss and a great hardship to them. A village hospital saves them this expense by keeping in store for the common use of all the medical staff of the place, a respectable and well selected array of the best instruments and appliances, too often, alas! unattainable at present by the general practitioner from the meagre emoluments of country practice. Mr. Garland, of Yeovil, probably one of the most distinguished surgeons of the west of England, has inaugurated a village hospital at Yeovil. We wish him every success, and trust that the hearty assistance of his professional brothers of the district may be accorded to him. These undertakings are often marred by professional bickerings and dissensions. When, however, a just and fair division of labour in the working of such establishments is dealt out to each medical officer, there need be no heart burnings, and jealousies ought to be unknown.

MEDICAL ETHICS.

Any conscientious gentleman, who believes firmly in the principles that his common sense has selected from the thousand and one modes of treatment of by-gone and present doctors, will have no trouble in guiding himself in his dealings with the patients under his charge. His conscience will hinder him from prescribing anything but what he is persuaded will offer the best chance of assisting Nature in her healing processes, while his gentlemanly feeling will hinder him from using the opportunity of a casual visit, to the patient of another, to artfully ensnare such an one, and turn him from his regular medical adviser. With the exception, therefore, of the useless and flippant impertinence conveyed in the sentence: "Now in this case before us, it seems to us that the presence of Mr. C. could only be regarded as we should regard the presence of an old woman or a mamma during the visit of the doctor to her daughter," we entirely and heartily concur in the views expressed in the following leading article from the *British Association Journal* of the 6th October:—

"A homœopathic review tells of a case in which a homœopath and a medical man were brought into contact, not (as we think) professionally, and yet to the discomfiture of the medical man. The case is one which may occur again; and, as it involves a point of medical ethics of some importance, it is well that we should bring it before our brethren, that they may exercise their judgment upon it.

"The following is the case, as told by a homœopathic journal. An accident occurred to an excursion train. One of the sufferers, a Mrs. —, who had an insurance-ticket, called in Mr. C, a homœopathic practitioner; and her husband sent a notice of her accident to the assurance office. Several days afterwards, Mr. E., the local medical officer to the assurance company, called to see her, and report on her case to the office; but Mrs. — declined to see him, except in the presence of Mr. C., her homœopathic medical adviser.

"Mr. E. hereupon writes to Mr. C. to explain why he wants to see Mrs. —; assures him that he has no idea of in any way interfering with the case; but

merely wishes to be enabled to answer the proper questions of the assurance society ; and adds that he must decline to see Mrs. — in the presence of Mr. C. Further correspondence ensues, in which Mr. E. tells Mr. C. that his reason for declining to meet him is simply and solely because he (Mr. C.) is a homœopathic practitioner. To this, Mr. C. (naturally enough, we confess) replies that he declines to give Mr. E. a note authorising him to visit Mrs. — in his (Mr. C.'s) absence. And he adds that, although medical men of the town where he dwells refuse to meet him professionally, there are plenty of others out of it who will readily do so.

“ ‘ When I have cases requiring another opinion, I am happy to say that, although the medical men of this town cut themselves off from professional intercourse with me, that I nevertheless have the honour and privilege of calling to my aid equally as eminent men in the profession as any in this town—such as Dr. Sharp, of Rugby, formerly Senior Surgeon of Bradford Infirmary ; John Hitchman, Esq., Surgeon to the Leamington Hospital ; Edward W. Thomas, Esq., late Surgeon to the Wolverhampton Infirmary, besides many others ; and if I require the opinion of a London surgeon or physician, not practising homœopathy, there are several of the leading men who are liberal enough to meet me, and who are too independent to submit to the trammels of the Medical Inquisition.’ ”

“ It is unfortunate, we may observe incidentally, that Mr. C. has omitted to give the names of the London surgeons or physicians who are thus ready to meet him in consultation.

“ However, the end of the tale is this. Eventually, the agent of the insurance company called on the patient with Mr. E. The patient refused to see them unless in company with Mr. C. The agent then said that, unless she would see Mr. E., the company would not pay the money. Thereupon Mr. C. explained that the patient only refused to see Mr. E. in the absence of Mr. C. ; that it was Mr. E. who declined to see the patient, unless upon terms which his patient would not accept. ‘ The agent,’ we read, ‘ then accompanied Mr. C. to the house, and saw the patient with him, subsequently paying the claim made upon the office. Mr. C. gained a well-merited victory.’ ”

“ Such is the comment made by the homœopathic journal ; and certainly, as the tale is here told, there is no doubt that the homœopath got the best of it.

“ But what are the real merits of the case ? How ought Mr. E. to have proceeded in this matter ?

“ It seems to us, we must confess, that he was wrong in the course he took. The presence of Mr. C., in Mrs. —’s room, when he (Mr. E.) was making his examination, could not in any sense be interpreted into a consultation, or into a meeting with a homœopathic practitioner. We are bound to treat all homœopaths as honest, but misguided, individuals, unless we know them not to be so. Now, in this case before us, it seems to us that the presence of Mr. C. could only be regarded as we should regard the presence of an old woman or a mamma during the visit of the doctor to her daughter. There was no kind of medical word to pass between them ; nor, in fact, was there even necessity for them to exchange words. Simply, Mr. C. was to be in the room whilst Mr. E. made his examination. Mr. E. was receiving no report from Mr. C. ; and he had nothing whatever to do with the patient’s treatment, nor the diagnosis of her disease. The presence, therefore, of Mr. C., at the request of Mrs. —, should not, in our opinion, have led Mr. E. to decline visiting Mrs. —. Mr. C., in the room there, was, in a medical point of view, a totally indifferent person to Mr. E. Mrs. — has a perfect right to employ a homœopath if she pleases ; and if she chooses to put herself in the hands of one—to cure her broken leg, for example—it really seems to us not unreasonable that she should be allowed, if she pleases, to have the comfort of his presence when the medical agent of the railway, we will suppose, on which her leg was broken, comes to examine her and assess the injury done. The presence of Mr. C. on such an occasion, should, in our opinion, be no more objected to than the presence of the nurse, and for the reason, that Mr. E. would have to hold no kind of medical communication with him. Does not, in fact, the very issue of this case prove the mistake of Mr. E.’s original conclusion ?

“ The homœopathic journal tells another tale of a somewhat similar kind, in which, if the report be true, the homœopath also beat the doctor.

“‘A poor patient,’ as the tale runs, ‘appeared to be dying under allopathic treatment, and sought homœopathic aid. He was in a club, from which he was entitled to 15s. a week. We signed the usual certificate, and told him to get it countersigned by the club surgeon. The club surgeon refused to countersign the certificate, because it was signed by a homœopath. We advised the man to go back and say to the surgeon that he was bound by the rules of the society to do so; and that, if he refused, the matter would be put into legal hands. The surgeon said he would sooner ‘cut off’ his hand than sign the certificate.’ A solicitor then threatened to sue the surgeon for the money withheld by his refusing the certificate. The surgeon demurred and blustered, but finally signed the document. The man recovered; and his club brethren so thoroughly appreciated the benefits he received, that they offered to cashier their surgeon and select us in his stead. This we declined with thanks.’

“Here, again, we think the surgeon was wrong. All that he certified to, by countersigning the certificate, was, that he knew the man to be ill. The signature of the paper by the homœopath could have no more affected him as a medical practitioner than if it had the signature of the parson of the parish.

“The homœopathic editor who tells this little episode, adds a few more lines, which certainly reveal a curious mental condition of the homœopathic mind. Out of good feeling to this selfsame allopath, being suddenly called in to one of his patients, he prescribed *allopathically*. He says:

“‘We had our revenge on this churlish allopath, nevertheless. One of his private patients was afterwards seized with a fit during his temporary absence from town, and hurriedly called us in, as the nearest doctor within reach. We prescribed *allopathically* for the patient, as the case belonged to the surgeon and the people were allopaths; and sent the prescriptions to his surgery, with a note, recommending him to go to the patient as soon as he returned, and explaining that, as the case was his, we had ordered for the patient that treatment which we assumed he would himself have wished. We had great pleasure in putting these ‘burning coals’ on his head.’

“We cannot help but ask, in reading this act of good nature, Where was the homœopath’s conscience all the time? How could he bring himself to take a part in what he (from his point of view) must necessarily regard as a life-destroying business—viz., in prescribing drugs as we others do? We really do not understand the wit either of revenge of this kind, or the method of reasoning by which an avowed homœopath can arrive at the conclusion that he may laudably prescribe, as he calls it, *allopathically*. It seems to us that, in such a proceeding, the patient (who certainly is, at all events, somewhat concerned in the matter) is treated like a bale of inanimate goods—treated, not as an object to be relieved of sickness, but as a thing to afford business and a means of livelihood for the doctors. Clearly, at all events, we doctors view this matter from a very different point of view. From London to Constantinople, we will venture to affirm, the homœopath who tells the above tale will find no medical man complaisant enough to return the compliment to him—viz., to prescribe homœopathically for a homœopathic patient, should he be suddenly called in during the homœopath’s temporary absence.”

We do not require any elaborate codes of medical honour or of medical principle. The first duty of every doctor is palpably his duty to his patient. It is the doctor’s duty to have a medical creed, and to stand by it irrespective of consequences. But a doctor cannot cram either his medical creed or his physics by force down the throats of his patients, and it is a great blessing that he cannot. Should, therefore, his principles and his practice be obnoxious to both patient and the regular medical adviser, it is the unmistakable duty of the doctor to make his bow and retire. It is not his duty to trim his creed and practice to suit the proclivities of his scientific opponent. That the homœopathic physician acted with the wish and hope of settling the very disagreeable bickerings that too often occur among doctors, and which render them contemptible in the eyes of the public, we are ready and willing to believe. But that his mode of dealing with this chance patient was the correct one, no man, who holds any medical prin-

ciples whatever, can affirm. Either homœopathy and allopathy are only differences in name and are the simple colours that are practised under, or this homœopathic physician must be somewhat sceptical in the powers of the almighty globule. There are many doctors who hold fast to the lancet, and who have an abiding faith in antimony and calomel to restore the feeble spark of life. There are others again, who belong to the restorative school of physic, who regard as destroying agents those of the profession, who deplete, to save. We should consider any doctor holding "restorative" principles, who would prescribe a depleting course to please his old-fashioned medical neighbour, as unworthy the name of a true physician, although he might rank high among the followers of an absurd code of medical ethics. With the best intentions this accomplished homœopathic physician has shown a looseness of medical principle which will do more to deter the thinking men of the profession from admiring the *Similia similibus* doctrines, than all the thunderbolts of the Medical Journals. The Homœopaths may well say : "Save us from our friends."

The Editor of the *Standard* deserves our best and warmest thanks. He has dispelled a little of that "blue mist" of ignorance, which, with reference to the two doctors mentioned below, has hung till now so thickly over us. It is sometimes said that talent is never recognised until the cold tomb has received the ashes of the great departed, and that our living great, eat their humble pie in a garret, while Parliament lavishes the country's money on monuments to dead men. Thanks to the *Standard* this is no longer possible. Parliament has not yet voted any money for the exigencies of living philosophers, but the *Standard* has taken up the matter, which is better. If the two doctors mentioned below were on the working staff of the *Standard*, or if the paragraphs had been paid for as advertisements, a suspicious and unthinking public might possibly have sneered and laughed. But they are not advertisements. They are the outpourings of a benevolent heart, overflowing with the milk of human kindness. We stand on the threshold of a living human heart, overflowing with the finest feelings of our nature. Let us uncover our heads and reverently read the words of gushing eloquence. Which do we admire the most—the eloquence of the tribute—the generosity of the Editor in granting a free space—or the talent and charity of the worthy and distinguished medical men? We do not know; our feelings are too many for us. The cherubs up aloft are the only true exponents of our state of feeling. They are probably singing in the realms of perpetual happiness and summer! All hail, Hassall—Flour of meat! All hail, Mackenzie—famous for the throat! We subjoin the two paragraphs in question, extracted from the *Standard* of the 25th October. The general practitioner will go on his way rejoicing after he has read them; he cannot help it. The paragraphs are as follows:—

DR. HASSALL.—We deeply regret to hear that this distinguished sanitary reformer is now laid up at Hastings, with an attack of illness which has caused the most serious anxiety to his friends, and to all those who appreciate his public services. He will, we fear, be precluded, at least for some time to come, from the pursuit of his professional and scientific avocations. His life has been one of earnest work and self-denial, and his unrivalled researches into the food and water upon which we all subsist, have made his name a household word amongst us. Such men we can ill spare. We should cherish them and honour them while they are yet with us. While others receive baronetcies and statues, and meet with well-deserved honour for labours which may seem more brilliant, but are certainly not more lasting in their results for good, we must not grudge our meed of acclaim to the philanthropist who has devoted a lifetime of labour to the single question of the health and well-being of his fellow creatures. It would be but becoming, we think—at such a moment as the present it would be

most grateful—that the public services rendered by Arthur Hill Hassall should receive some larger measure of acknowledgment at the hands of those who have so much benefited by them.

TESTIMONIAL TO DR. MORELL MACKENZIE.—On Tuesday, this gentleman, the founder of the Hospital for Diseases of the Throat, in Golden square, was presented with a beautiful silver centre-piece, representing “Charity” the gift of 400 of his patients, as a mark of appreciation of his high skill and success in treatment of throat disease.

We are much affected. Let us “drop a tear.” Printer’s devil, bring the smelling-bottle!

THE “CASUAL” CLUB.

“Love in a cottage” is a very nice thing on paper, and fraternal feeling and brotherly love are also very desirable qualities. But brotherly love will not keep a club in proper working order. A sordid civilisation requires hard cash. We are rather disposed to think that a little dinner with etceteras is preferable to a cold shoulder of mutton. The immortal Thackeray put some such words into the mouth of Major Pendennis, and as there is many a true word spoken in jest, we would advise the promoters of the Medical club not to be angry with us, but to listen to our jestings on this subject! Nobody in this wicked world can live without money, not even the members of a medical club. It was different in Paradise, for there our first parents had only to put forth their hands and pluck the fruits that sustained them. If we, however, adopting this primitive system, put forth our hands to take the loaves and fishes that are exposed in the shops, we should make acquaintance with a worthy magistrate, who would consider our manifest requirements an insufficient excuse for our appropriations. We have looked over the small row of names that form the constituents of the new club, that is said to be so much required by the profession. We have also looked over the terms of subscription. It does not require Mr. Gladstone to inform us that unless names begin to shoal in, or unless the subscription is very much increased, no accommodation out of Seven Dials can be obtained. Men enter clubs to improve their standing in society, but not to lower it. Under existing circumstances the so-called Medical Club has more affinity to a “casual” ward than resemblance to any of the palatial club-houses in Pall Mall. As, however, the now brilliant and wealthy Army and Navy Club was once nicknamed the “Rag and Fannish,” let us hope that the medical “Casual” may have an equal success, as it assuredly has a worse beginning.

ROUNABOUT PAPERS.—No. VI.

“ALL VERY WELL, AS FAR AS IT GOES.”

WITHOUT difference of opinion this would certainly be a very stupid world. There is no doubt about that. Difference of opinion renders conversation more interesting and more lively, and if we lose our tempers sometimes, that is the fault of our own tetchy tempers, and not of the simple fact of a difference of opinion. Too much honey becomes cloying to the palate, and the mouth is refreshed by an occasional pungent, acid, or bitter. In like manner with the mind. It is well,

therefore, that we do not all think alike, although it is not a little remarkable that persons and simple facts and opinions should strike individuals apparently similar in their learning and knowledge of the world, in such a widely different manner. Difference of opinion, then, acts as a stimulant to the monotony of mental life. Everybody differs about something, although they may have many common stand-points; but for unvarying and unchanging differences of opinion from the merest trivialities to the most important matters, commend us to the Doctors. They seem to live, if they do not fatten, on difference of opinion, and they frequently offer a very ludicrous spectacle to their friends and fellow-workers, not to mention the uninitiated public.

Let me make a few illustrations. Say one is talking of medical matters. "What do you think of this new treatment of cholera which is said to offer the only chance?" "What do I think? I think nothing of it. It's as old as the hills, and it was discarded from its fatal results." Speaking of an elaborate and ingenious theory and practice in an admiring manner, I am told in reply that the theory and practice in question is a "cobweb of the learned doctor's brain." Another says "We get cholera from drinking sewage water." Another rejoins, "What can we expect when doctors can propagate such absurd theories as that cholera is given to us by drinking sewage water?" If difference of opinion betokens mental strength, then are doctors very sharp fellows indeed. Let us look at their opinions upon more easily determined matters. "I admire Professor Z," says one, "he is indeed a wonder equal to that great German observer ———." "Bless my soul, how can you say so," says another. "I am afraid you are but a smatterer or a dabbler in this subject. Why, Professor Z. is but a would-be philosopher. His petty science shows but the genius of a dancing-master, and he is not worthy to tie the shoe-latchets of the great German savan!" "How delightfully plain, straightforward, and to the point are Dr. ———'s charming essays!" "How can you say so," says another, "I was just thinking how terribly vulgar, and how almost disgustingly coarse some of his points are!" "What a magnificent operator is the great ———!" "*Do you think so!* I cannot agree. To my mind he has the facility of the butcher, but nothing else." "Then I know who will suit you," I rejoin. "You will pin your faith on Mr. ———." "Pin my faith on Mr. ———! why, I would not let him operate on a cat; it would take him a month of Sundays to make up his mind what to do!" "What a judicious physician is Dr. ———, how excellent his diagnosis, how lucid his explanations, and how splendidly scientific his prescriptions!" Another will say, "Dr. ———'s diagnosis is the most muddled thing I

know of, and his treatment betrays rather an acquaintance with an inanimate retort than with the living human stomach." "Ah, then you will delight in Mr. ——'s surgical lectures. He lectures to an open-mouthed class. You could hear a pin drop!" "A fig for lectures, give me Vade Mecums," is rejoined. "One page of Druitt is worth the lot of Mr. ——'s lectures." To turn to literary matters, "You will acknowledge that * * * has literary talent?" "Literary talent! no such thing; he is a frothy humbug and nothing else." "Then you will admire the solid writings of Mr. ——." "Mr. ——'s solid writings be ——! He is a literary pirate without the sense to spin his borrowed matter into a thread of his own." "Then the painstaking Mr. . . . will suit you to a T. He has no froth, and if his writings are not brilliant, at any rate they are sound, particularly sound." "Sound! what do you mean by *sound*!—He's a literary hack, but nothing more." "We can, however, both admire Dr. ——'s wonderfully exhaustive treatise, at any rate." "That we can't, I have no opinion of his book at all. It is pedantic, and crammed with quotations. It is a solemn advertisement, and nothing else."

After this, no one will deny that difference of opinion is a very fine thing. We are told by one kind friend—"My dear Sir, do nothing without advice, without the best advice that your many friends can give you. Remember that, '*In the multitude of counsellors there is wisdom.*'" We bow to the grave words of our kind and disinterested friend, and take the advice of friends on a knotty point in Medical Politics. "My dear fellow," writes another, "for goodness sake stand on your own bottom. Don't let every Tom, Dick, or Harry teach you how to guide your Review over the troubled sea of medical opinion. Remember the proverb, '*Too many cooks spoil the broth.*'" Here we have two most excellent people giving advice. One says, "Too many cooks spoil the broth." Evidently nothing could be more *apropos* or to the point. We feel that too many cooks do spoil the broth. Most consumedly. But then the sentence, "In the multitude of counsellors there is wisdom," is a very ponderous saying indeed. What is to be done? A cheroot will perhaps solve this Gordian knot. It does. I will toss up. Heads: "Too many cooks." Tails: "In the multitude, &c." Down comes the nimble shilling. Heads are uppermost. It is irrevocable. Jupiter has decided. I must stand on my own bottom. Of course I must. I remember that I always thought so. The fable of the miller and his ass passes through my mind and strengthens my resolves. The Editor is himself again. Friends, how do you like this Roundabout Paper? Let us criticise it together in a safely obscure manner. Let us remark that it is "all very well, as far as it goes."

THE MEDICAL MIRROR.

DECEMBER, 1866.

ORIGINAL COMMUNICATIONS.

ON THE PRESERVATION OF HEALTH.

BY THOMAS INMAN, M.D. LOND.

CHAPTER IV.—THE DRINK WE CONSUME.

WE have said, that after breakfast is over, the first question generally is, "What shall we have for dinner to-day?" The query is usually propounded by the lady. When the dinner arrives, the first question from the host to his guest, if he has one of the male sex, is, "What will you take to drink?" I remember well such a question being propounded to me, and as ale, porter, and beer, were those I was to choose from, I, being "sworn at Highgate," answered, selecting in the order given, only to learn that none were on the premises. I can also remember an anecdote told of some water-drinking Squire, who remarked after dinner, "Gentlemen, who's for wine? I'm for none" and there being a pause, he added, "John, you may put the bottles by."

These stories, if they stood alone, would suffice to show that very opposite ideas respecting the beverages to be drunk exist amongst us. But when we find large and influential societies advocating a total abstinence from all those drinks which have been for a long time most popular, we can well conceive that a discussion on the merits of malt and pure water, may be frequently discussed between married couples just entering life. It may be that one or other are devoted teetotallers, and are not going to change their mind for any consideration; with such we will not interfere. It is far more likely that the man has, ere his wedding, been somewhat jovial as a bachelor, and the lady, as is so common with that sex, contented either with water or very small beer. Both, we will presume, are desirous to live a regular and temperate life, and to conduct themselves in every way as respectable individuals.

The questions they would discuss are something like the following:—Is it *necessary* to have any malt liquor, or any other alcoholic drink at all? Or shelving this question as inconvenient, there might simply be the consideration, “What the tipples should be, ale, porter, or beer, wine or spirit, or something of everything?”

To many, the first inquiry would seem the simplest; the answer, as a general rule, would be in the negative. It is not *necessary* to life that we should drink any form of spirituous liquors, therefore, it is argued, we can do without them, and we will. Let us see the value of this conclusion, by applying it to something else. Let us take tea, beef, puddings, sugar, and tobacco:—Tea, certainly is not a *necessary* of life, yet there is scarcely a temperance festival in which it does not flow, like beer does at a common jollification. The Irishman thrives on potatoes, vegetarians grow fat upon cabbage, and horses flourish on oats; surely then it is not *necessary* for Englishmen to have roast beef. They too can do without it. The poor fellow sitting by the roadside all day has to endure privation, cold and heat and wet, and to work hard and incessantly, yet he never gets pudding. I cannot myself remember eating pudding during the last twenty years, and I am surely right in concluding that man may live without it, and though sweets are much used by high and low, we may say the same of them. No Grecian hero vaunted in Homeric verse, drank sugar in his tea, and we do not find amongst the luxuries that *Lais* set before her admirer, there were any French bonbons. The hardy Esquimaux, than whom none live a life of greater hardship, know little of life's real sweets, and the North American savage was guiltless of crushing the cane to extract its juice. That all the inhabitants of Northern Europe lived to a good old age without tobacco, none can deny; consequently, it is not *necessary* to existence. Yet, beef and pudding, tea and sugar, grace the table of a teetotaller, and very often the pipe, cigar, or the powdery snuff, are familiar to his lips and nose. If man chooses to indulge in one, or all of these as luxuries, why should he not add to them the luxury of ale, if he chooses?

It is, however, said that alcohol is a poison, and injurious to health—well, so is the mustard and salt, which we eat with our beef, and the tobacco which we smoke is no better, besides, if it be a poison, it certainly is slow in operation. Teetotallers die as early as their neighbours, and there are few who do not know many an *old* sot. I was once told by a life insurance friend, of a saying of his manager—viz., “At the board where I used to sit was a director, and when a proposal came before him involving the habitual indulgence in whisky in the life,” he said, “I don't believe it's half as bad as people say it is; I

had one friend who never drank anything stronger than tea, and another who went to bed drunk every night, yet they lived to the ages of seventy-eight and seventy-nine respectively."

There has been so much nonsense talked of late years upon the real value of fermented liquors, that it is somewhat difficult to separate the grain from the chaff, but we will attempt it. For anyone who wishes to convince himself of the strict worth, say of ale, let him first dine without it for a week, then for another week take his pint daily, and repeat the process for the sake of certainty. If he be in good health, he will find that when he drinks water he will eat double the quantity that he does when he takes beer, and he may then elect whether he prefers to run the risk of being a glutton or a drunkard. I will not say that either is probable, but I do know that teetotallers have killed themselves by over-eating, just as tipplers have died from over-drinking. Now, if when I dine, drinking water alone, I require four good slices of mutton, or other food, ere my natural wants are stayed, and while so living retain my usual bulk and strength, and if when drinking a pint of ale with my dinner, two such slices of meat suffice for my wants, and while so living my bulk and strength remain the same, is it not clear that the pint of ale contains as much nourishment as two slices of pork, or other dish?

A story is told of the well-known Benjamin Franklin, to the effect that, while working his way up as a printer, he was desirous of saving every penny he possibly could. Thinking one day that he spent two-pence in ale, and having heard that it was only a luxury, he determined to "put it down," and save the money. He did so, but he soon found that he had not strength for his daily toil. He must, therefore, he thought, spend the money in extra food, or in beer. He tried how far two-pence would go in bread, meat, &c., and at length came to the conclusion that it was more economical to take his modicum of beer as usual.

To all intents and purposes, then, ale, &c., is food. As food it has its peculiarities, as have meat, bread, milk, sugar, &c. Being liquid, it is very soon digested, being fluid it soon enters into the blood, and it soon passes out again. A slice of mutton will take three or four hours before it can enter into the system wholly, and it enters partially during the whole of that time. A pint of ale enters the system in twenty minutes. It has been often said, that after spirituous liquors, the person taking them wants them perpetually. The same is true of tea. How many are there who can bear the notion of going without their tea, and yet *who* would reject that beverage accordingly?

But is it true, that a man, dining as a teetotaller, can do for a longer time without food than one who takes a moderate

amount of beer with his meals? As a rule, of which I have not yet met with an exception, the "abstainer" is always more hungry than the "temperate;" he never seems to have enough. I know many persons who make only one substantial meal in the four and twenty hours, but none are "teetotal." There is another very important peculiarity of alcoholic food, which must not be lost sight of—viz., that individuals, both children and adults, are often too weak, or too fatigued, to eat solid food. To such, a drink of beer will give an appetite, or a glass of wine will give the exhausted man the courage to put other food into his mouth. I have had much to do in the way of giving advice, respecting the best way of bringing up the young members of delicate families. I have known boys and girls, varying from three to five, go for hours without touching their food, or going to steal any from the pantry. The bread and milk for breakfast reappears at dinner, only to go away again untasted. Happy the child, if it goes away without having first witnessed the use of the rod, or the whip—a plan sometimes resorted to when the horse and the water are brought together, and the former will not drink. If to such children a wine-glassful of sweet brandy and water, or any other stimulant be given, the food will generally be taken with avidity afterwards. In carrying out my views, I have met with frequent opposition, but in no instance that I can recal, has the prejudice, when once overcome, found itself justified.

As a physician, I know that in many cases of delicacy of constitution, which shows itself in wasting away, and a loathing of all ordinary food, that ale, wine, or brandy and water, well sweetened to the palate, will not only sustain life, but positively restore to health, quite independently of any other food.

With such facts as these before us, it is impossible to doubt that stimulants, as they are often called, are food. They are so to the horse, as well as to ourselves. Travelling once in Ireland, I came to a place where I could get no car to take me forward, and I was pressed for time to arrive at my destination. My driver agreed to take his own beast on, provided that I would pay for some meal and whisky. I did so, saw the two duly mingled, and taken by the animal with great pleasure, and his second performance in harness was just as good as the first:—the two stages were about forty-five miles, and the time of our stop about ten minutes. Since then I have known abundance of horses treated with wine and whisky for exhaustion, and completely restored.

That "liquors" are food, being granted, it behoves us to inquire into their varied value. As a rule, ale contains more nourishment than porter, and a glass of it suffices to stay the appetite, if taken as a luncheon, for about three hours, or less,

according to the density of the ale, but it has a propensity to make a woman fat, and a young man bilious. It is of great help to nursing mothers, but if taken in too great abundance, puts flesh upon the nurse's bones, rather than milk into her breasts. Porter is somewhat inferior to ale as a feeder, but with some stomachs it agrees better. Taken in excess it gives a tendency to gout and rheumatism. The two combined, as half and half, form a tippie to which I still give individual preference. Beer is simply either the one or the other in a weaker form.

To a man exhausted by fatiguing labour, and to a woman pulled down by diarrhoea while nursing, ale is preferable to wine. It combines quantity, food, and stimulant, more nicely blended than in any other fluid I know.

If any of these disagree with the stomach, or produce nausea, headache, &c., they may be changed for wine or other liquid.

Indulgence to excess in any spirituous liquor is very likely to produce gout.

Wine, as a rule, is stronger than beer, and in estimating its value, or its effects, we may consider it as a necessary, and as a luxury.

We want a glass of wine when tired with mental work, or when the day is too hot, and we too perspiring to indulge in much fluid. On such occasions we go to wine, because it is, so to speak, brandy and water ready mixed, and the stronger it is, *the better for our purpose*. Port and sherry are those we usually select for this, but wine is far more generally drunk as a luxury.

When Paterfamilias thinks of stocking his cellar, if he has one, or ordering from his wine merchant, he considers, or he ought to do, what he is ordering his wine for, for his own drinking, for his friends' consumption, or for ostentation, whether he wants to get fuddled for the smallest possible cost, or whether he wants to avoid being "heady" at all.

If he wants to go to sleep after dinner and feel "tight" for a small sum he will very naturally buy cheap and new port, sherry, Malaga or Marsala. If on the contrary, he wishes to regale his friends and enjoy their conversation, he will put before them and indulge himself with old port and sherry, "East Indian" Madeira and abundance of fine claret or other light wine.

The heavy wines compared with the light are in liquid foods what beef is to bread in the solid ones. Such wines as the French, Rhenish, Hungarian and Greek, are spurs to the imagination and oil to the tongue. Who is there who cannot remember in his younger days, how the champagne at supper gave brilliancy to his wit, during the subsequent dances, or the sparkles that fly from beauty's eyes, during the latter part of a *fête champetre*, where corks have flown abundantly?

On the other hand many of us may recal with pain, scenes of uproarious argument and quarrelsome conversation which have followed potations of port. The heavy wines dull the imagination and promote stupidity, while at the same time they clog the tongue and make us roar when we only ought to speak.

To those who have a proclivity to gout, and who can afford to drink light wines, *the latter* will prove more eligible for an ordinary beverage than ale, porter or beer. As a rule the white are better than the dark wines. It was long ere I knew the difference between them. Both are the product of a dark skinned grape, the colour of the skin is not soluble in water but it dissolves in a solution of alcohol. In the making of white wine, the grape juice is drawn off before the fermentation begins, and the grape skins do not come into contact at all with the wine. In the dark wines the expressed juice remains mingled with the skins, stems, and stones of the grape, until fermentation has advanced sufficiently to produce alcohol, which then dissolves the colouring matter. As the skin and stones and stems contain some tannin or astringent matter, the dark wines have a somewhat more binding influence on the bowels than the lighter varieties.

The various forms of spirits differ from ale and wine in their strength, and I think also in their effects on some constitutions. Champagne amongst wines, and brandy amongst spirits, are prominent in their value of curing or alleviating vomiting, none are more useful in allaying sea sickness, yet if taken to excess there are none which produce such nausea and good-for-nothingness. There is no spirit which seems to have a stronger influence over the sexual organs than brandy, and indulgence in it will go far to produce a total loss of power. I have known strong young men who could not take it at night without an unexpected discharge during sleep, and I have known others, who recovering from the effects of an excessive flow have rendered themselves hopelessly effete by an orgie on brandy and water.

In an earlier part of this chapter, I spoke about *old wine*. Those who pay close attention to the value of every thing they come into contact with, think equally of *old brandy*, rum or whiskey. *The same may be said of medicinal tinctures*, especially of the Tinctura Ferri Sesquichloridi. *Age improves them all*. The reason is, not that time *dissipates* the alcohol they contain, it is that in all these liquors a slow conversion takes place of the spirit into a form of ether, which as a stimulant, is far more pleasant to the palate, the stomach and the constitution than the coarse alcohol was. I have repeatedly met with instances in which the stomach has rejected every form of stimulant but *old brandy*.

Whiskey, whether Scotch or Irish is, so far as I can learn, the

most wholesome or the least innocuous of all the spirits. Yet I have known a single glass of whiskey toddy taken by a nursing mother, invariably produce vomiting during the whole of the next day in the infant, a result not brought about by any other spirit.

To indulge in rum, is not judicious in anyone, as that fluid is apt to taint the breath, and make it more foul than will garlic, onions or any other cause.

Gin, a very common tippie, has apparently a special influence over the kidneys, in some nurses on the mamma, hence the physician administers it in cases of dropsy and recommends it to mothers, whose strength is somewhat overtasked by their daily toil, and who in consequence would, were it not for the stimulant, have bad and "windy" milk for their babies during the night. A glass of gin and water taken by materfamilias at night will make her and the baby, and consequently, the husband sleep undisturbed. Much has been said upon the prejudicial effects of spirits upon the liver; after investigating the subject closely for five and twenty years, I can find no logical evidence to support the assertion. Temperance story books tell of gin drinkers' liver, but as the disease occurs in those who are strictly temperate, and in cows, who do not certainly frequent gin palaces, it is clearly not due to the spirit.

The really bad effects of alcohols are, that they make the mouth uncomfortably dry, and if taken to excess, exhaust the nervous system. But here let me say a word about exhaustion. Men who have often to get through an immense amount of work in a short period, as engineers and lawyers have, when preparing for passing "standing orders" in Parliament, are unable to find time to eat a dinner, or if they do, it incapacitates them for work. To enable them therefore, to get along in their match against Time, they sip wine, or brandy and water. When all is over the brains and men are prostrated, and teetotal lecturers preach to them, that "it is all along of their having indulged in stimulants." Surely, the real blame must be thrown upon the toil which the liquor has enabled them to go through.

Another thing I would like to point out, ere I leave my subject—viz., that drunkenness is an hereditary disease in the vast majority of instances, it is a form of insanity and as such is attended with other manifestations of disordered brains. It is associated in some, with religious enthusiasm, and the alternations from excess of piety, to excessive drunkenness often scandalise those, who do not know that they may have a common source, sometimes it is associated with propensity to lawless love or other forms of badness, and very generally it is associated with great cleverness. The best workmen in every trade are frequently drunkards, and masters are obliged to

tolerate them, inasmuch as none others of temperate habits can be found to replace them. An immense number of people drink largely without getting delirium tremens, those who do suffer from that disease, are those in whose blood insanity already exists. It is this union between fits of drunkenness, insanity and crime which has pointed the shafts of so many teetotal advocates, and frightened so many weak minds *from taking such moderate amounts of alcoholic food as would be good for them.*

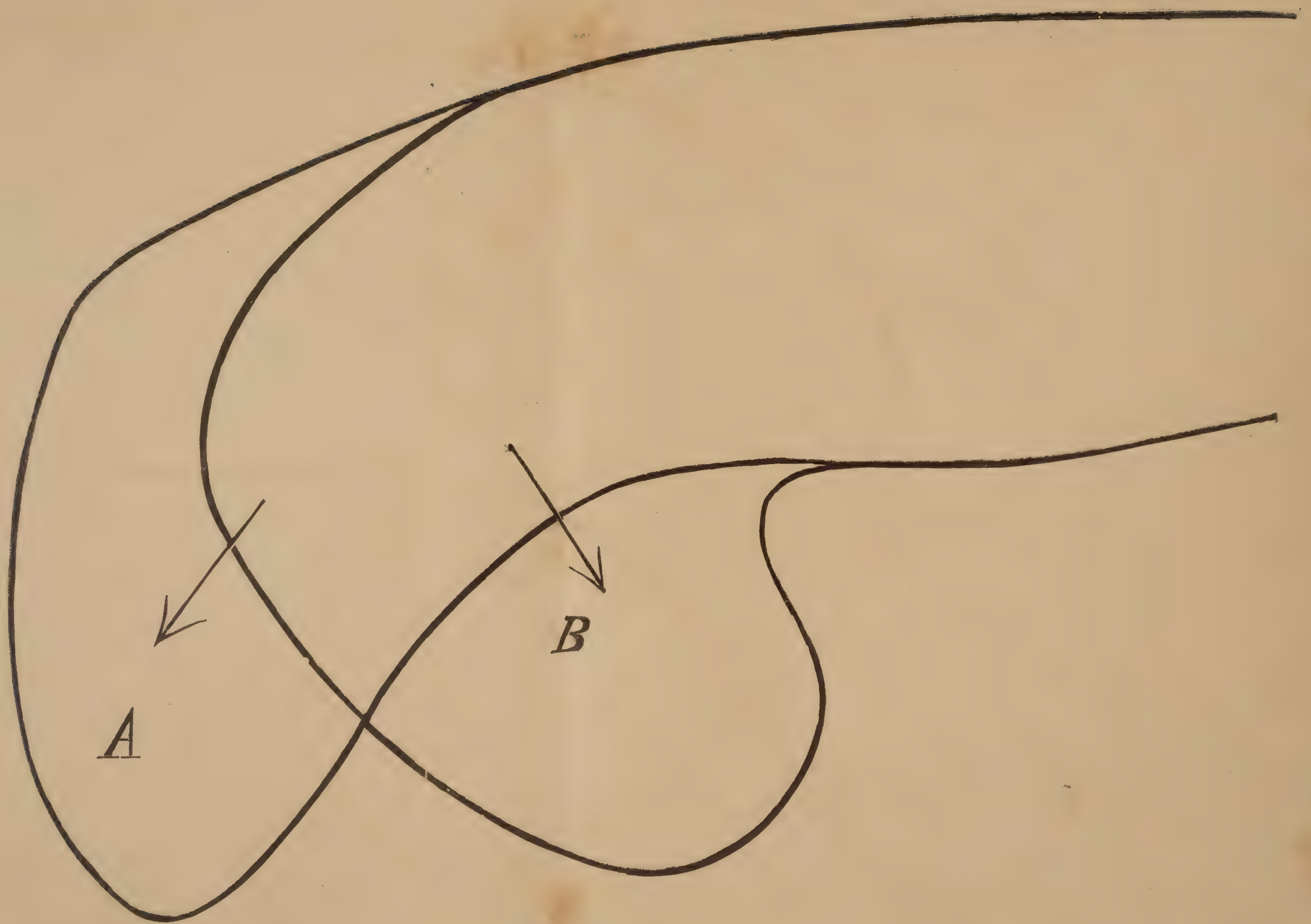
We have said so much upon the use of fermented liquids that we have left ourselves small space to talk of others. *N'importe*, we have not much to say. People may please themselves whether they take tea, coffee or chocolate, tea as a general rule is "tired Nature's sweet restorer." The Australian explorers tell us that every man in their expedition, thought more of tea than of brandy, and would rather lose a keg of tobacco than a store of Bohea.

Once I was an unbeliever in tea, and during my many days of solitary misery, endured in consequence of the delicacy of children, and their absence with Mamma at the sea side, I tried to do without it. Hot water and cold, milk and cream, soda water and brandy and water and nothing at all, were tried in succession to sweep those cobwebs from the brain, which a dinner and a snooze left behind them. All in vain, I was good for nothing, and the evenings intended to be devoted to work, were passed in smoking, gossip or novel reading. I took to tea, and all was changed. A good dinner, "forty winks" and a cup of good tea will help a man to get through "no end" of work especially of a mental kind.

Yet tea is not harmless, and there are few things more certain to produce flatulence in the overworked female.

Green tea is especially an excitant of the nervous system, and drives away sleep, by exaggerating the faint noises which occur in every house at night, and making them appear such dreadful sounds as those which are supposed to indicate fire, burglary or murder. We have been a careful reader of all those accounts which tell of endurance of prolonged fatigue, and have been so struck with the almost unanimous evidence in favour of vegetable diet and tea as a beverage that, we have determined in every instance where long nursing, as of a fever patient is required, to recommend nothing stronger than tea for the watcher. But it must ever be borne in mind that tea though good as a stay, cannot be trusted to as a staff. Folks who live mainly on the infusion of China's herb become as "shaky" as those who live on gin.

To sum up our views, we would say once again, let each one who values health drink what seemeth best to him or her,



Natural size of right arm of Miss B., aged fifteen years, born with the fore-arm undeveloped and without any sign of fingers.

A shows the stump extended to the utmost. *B* the greatest amount of flexion. She was the second of seven children, no other defective.

irrespective of the opinions of others, if he has no reason to complain of its effects he may fairly neglect the diatribes of other people. One who believes that *He* who made the vine to grow, and that *His Son* converted water into wine for the benefit of those at a feast, *who had already drunk the ordinary provision made for them*, may well afford to laugh at the satires of the teetotaller. "The Son of Man came eating and drinking, and was called 'a wine bibber' the friend of Publicans and Sinners." What He bore, His followers may do, and the temperate Christian may yet hold his own against any "total abstinence" opponent.

(*To be continued monthly.*)

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CASE OF CONGENITAL DEFECT OF FOREARM.

By JOHN M'DONNELL, M.D.

Miss B—, æt. fifteen years, daughter of a gardener, presents the unusual defect of a forearm, the right, a diagram of which is appended, showing the rudiments of that part in the state of extreme flexion and extension.

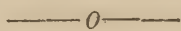
At first sight it resembles an amputation of the forearm within a few inches of the elbow-joint, but on examination no cicatrix is visible. Two bones are present in the stump, the radius being a trifle longer than the ulna, and with the skin over it marked by a small wart-like body, similar in colour. Over the distal end of the ulna is a small indentation in the skin corresponding to the extremity of that bone half-an-inch long. The stump measures three and three-quarter inches when extended to the utmost, is capable of pronation as much as this portion of the arm normally is, and of flexion to the degree represented in the figure. The elbow-joint does not deviate from the usual state of the parts. The organ, though imperfect, is very strong and useful, the girl being able to carry a pail of water with it up stairs as well as she could do with the left hand. She also uses it when sewing, to retain her work to her person; so it may be truly said she is not without *dexterity*. These advantages are intended to be increased by mechanical means, hitherto unused, as well as to obviate the oddity when out of doors.

The young woman is a dressmaker, and manages very well at her work. She is the second of a family of seven children, none other defective in mind or body.

The mother, when three and a half months' pregnant with our subject, was frightened by a sailor coming to her door with tapes to sell; not noticing at first any defect in the sailor's person, she went to fetch her purse to buy some, and on her return, found the tapes hung over the amputated arm, which

was about the same length of her daughter's. It gave her a great shock at the time, she started back with horror, and could not get the sight out of her mind for days afterwards.

Two other cases I have seen when mental impressions seemed to produce physical defects and deformity. One was a sanguineous tumour of the occiput, the size of an orange; the rectum terminated at the fundus of the bladder, and opened into it. The infant male lived a fortnight, and voided the *fæces* through urethra. The anus could not be reached by operation; a wholly artificial one might have been made elsewhere if parents had agreed. The mother was frightened when three or four months' pregnant, by a man coming to her door to sell images, among which were images with two heads, that of monstrous infants. This greatly agitated and alarmed her, and she could not get rid of it from her mind. Another was frightened by seeing a person suddenly with a very ugly nose during the early months. The infant was born somewhat prematurely, and had a hideous, large, flat nose, the counterpart of that which distressed the mother. Infant only lived forty-eight hours. It was very feeble at birth.



CASE OF POISONING BY PRIVET BERRIES.

Communicated by JAMES CHEESE, M.R.C.S. Eng.,
Stokenchurch, Oxon.

ON Sunday, the 24th of September last, C.C., a little girl, *æt.* two years seven months, was brought to me owing to some anxiety felt by her parents because of the tardiness of her recovery from what was supposed to be a simple attack of bilious diarrhoea. The child had been ill fifteen days, during which time she had been treated by her mother, firstly, with purgatives to work off the imagined bile and after with aromatic confection to stop the diarrhoea. She had, from being a remarkably robust child, with regular and good appetite, become thin, pallid and appetiteless, and on the day before I saw her, slight bronchitis had supervened. This was then the only history I could elicit. Her father was coachman to a lady in the neighbourhood and it was much at his mistress's desire that the child was brought to me. There appeared nothing remarkable about the case, and I was content to order her a bland nourishing diet with a gentle cordial tonic.

I heard no more of my little patient until the following Sunday, when I was summoned to her as she was reported to be sinking. I found her more emaciated with slight fever, more bronchitis and entire loss of appetite, much exhausted,

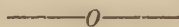
apparently from the dyspnœa accompanying the chest symptoms and complaining of considerable pain in the bowels, the abdomen being sympanitic. I then ascertained for the first time that on the day previous to her illness beginning, she had been found with some wild berries in her hand, of which she had apparently been eating, she was afterward sick and had a rather profuse attack of diarrhœa, which her mother regarded as a good symptom and as before said, encouraged by means of purgatives, hoping thereby to get rid of the berries which she supposed had made her child bilious; this was allowed to go on nearly a fortnight, it was then checked by the conf. aromat.; and she was a day or two after first brought to me. During the week which passed between the first and second time of my seeing her she had been taken to a town, some miles distant, to see another practitioner, she had meanwhile had occasional returns of diarrhœa.

At this my second visit, I found the bronchitis the most urgent symptom and ordering her cream, milk and port wine as diet, a turpentine application to back and chest, with a mixture of ammonia and ipecacuanaha wine, I left her till next day. I then found her rallied and much better of the bronchitis which never again required special treatment, in other respects there was but slight change. I advised a continuation of the same diet and withheld the mixture, giving small doses of ol. jecoris in milk. Her thirst now increased and she would always take any fluid. I should mention that there never was at any time any appearance of blood in her evacuations, which were never much other than little altered food, the liver acted very slightly. The tympanic abdomen never softened, but during the last week of her illness there was a hardened mass to be felt in the right iliac fossa gradually increasing to the size of a tennis ball. The diarrhœa and pain were only kept in check by the regular exhibition of small doses of Dover's powder, from this period she continued under similar treatment, the tongue at no time being either much furred or reddened, she occasionally took a little beef tea made from the essence of beef. I continued to see her daily and I saw her sinking, I could not think from simple direct poisoning, to all appearances not from ordinary disease alone. The matter of the berries had never been laid much stress upon, although I gave it as my opinion that they had originally caused the mischief. I should also observe that, during the fourth week of her illness, two large worms (*lumbrici*) were passed by the bowel. She was precocious in intellect, very tractable and quite conscious to the last, she died quietly, after a slight convulsive movement of left side, on the thirty-seventh day of her illness.

During her life, I could not ascertain the nature of the berry she was supposed to have eaten, but with some inquiry after death, I was able without doubt to determine it to have been the *Ligustrum vulgare*. After much persuasion and the lapse of three days, I obtained permission to open the abdomen. The external appearance of body called for no special notice. The hard mass was easily felt in right iliac region; there was much tympanitis and much emaciation, but not so much nearly as one usually sees in cases of genuine tabes.

Upon opening the abdomen the omentum had almost vanished; the liver was pale and gall-bladder empty; no excess of fluid or pus in peritoneal cavity; the parietal layer of peritoneum appeared untouched by disease; the small intestines were much fixed in place and hard to be removed, owing to thickening of mesentery and enlargement of glands. The hard mass felt before death was a mass of gland substance containing pus in the middle, and several of the smaller mesenteric glands upon being punctured exuded pus. Upon laying open the small intestine it was internally pale, softened, and contained a lot of dirty-looking fluid, many of the glands of the intestines were enlarged and ulcerated, while several punched-shaped ulcers were to be seen on the mesenteric surface of the jejunum and ileum. I could not find any such in the large intestine, but, owing to my being restricted and hurried in my search, I could not assert that there were none, I could discover no perforation. The stomach contained dirty fluid and was softened probably by post-mortem action.

From all these symptoms I think we may fairly assume that the privet berries were the indirect cause of death; I do not think the mesenteric disease would have been so soon fatal or so rapid in its course alone, while the ample presence of ulcers in the small intestines, and the apparent absence of them in the large intestines, would, I believe, indicate the action of a poison rather than idiopathic disorder.



ON HYSTERICAL MANIA.

BY M. MOREAU (of Tours), Senior Physician to the Salpêtrière Asylum.

(Abridged from *L'Union Médicale*, 1865.)

A profound mystery still reigns over the origin and character of most convulsive neuroses, in spite of all that has been written on the subject. In the female sex, in particular, these diseases show themselves so complex in their phenomena, so fantastic (*bizarres*) in their physiognomy, and so variable in their recurrence, that the

observer hesitates, and has a right to demand if they belong to one family, modified according to temperament and circumstances, or whether belonging to essentially distinct kinds (of disease), their differences may be masked (*voilées*) by complications depending on accessory circumstances. These (differing) points of view have both found advocates.

It is rather remarkable that *facts* have greatly added to our embarrassment. Such facts as those extraordinary examples of somnambulism, and of magnetic trance, which passing the bounds of known physiological laws, appear explicable only by supernatural influences. But are we quite sure that these facts are authentic? Some of those recorded in the annals of science appear to be guaranteed by their detailed recital, and by the well-known repute of their authors. However, on such subjects everyone wishes to see for himself, forgetting that more than one physician with the best intentions, has been misled and tricked (*a été abusé*), by the clever artifices which nervous derangement may lead persons whose character seems most above suspicion to employ.

The truth is, that, notwithstanding the large number of patients received into our numerous asylums, scarce one of our principal physicians, after experience of twenty or thirty years, or even more, has ever met with any of these exceptional cases. M. Moreau neither pretends to furnish instances nor to explain them. He believes, indeed, that with regard to (the observations of) others, all pathogenic theories are premature. His sole design is to portray that which he has observed, and to deduce from it some elements useful for diagnosis. Very naturally he has fixed his choice on the types where loss of controlling power (*l'ataxie*), appeared the most pronounced. Experience, according to him, ought to dictate the treatment. M. Moreau further maintains, as a principle, that spite of its changing and complicated (*mélangées*), forms, hysterical mania constitutes a distinct variety, of which it is possible, by careful attention, to discover both the diagnosis and the prognosis. As a preliminary, he examines two questions—one concerning hereditary taint, the other about *auras* or warnings.

Our confrère has been accused of having exaggerated hereditary influences. He believes himself that he has understated the facts. The majority of patients reckon amongst their ancestors (in a direct line), or amongst their relations, some individuals tainted with some one of the multiform varieties of nervous disorder, often the same as their own, or sometimes collecting in one typical form the special aspects observed in the several members of the family. The frequent substitution of one state for the other proves their affinity. The occasional (proximate) causes, when any exist, are only the spark setting fire to the powder. Whilst recognizing the grand law of hereditary transmission, which reveals itself so constantly in many other things, we cannot entirely partake in the

absolute conviction of the author. This cause will appear everywhere, if one wishes to see it, in certain signs, a kind of idiosyncrasy. The nervous system, just like any other, is subject to direct injury (*peut être lésé directement*). Leuret has made special researches on the causes of epilepsy, and the results of these are not, as in the insane, in favour of an exceptional frequency of hereditary transmission. We ourselves have collected statistics, and we continue to verify the (recorded) facts, and our inductions approach far more closely those given by Leuret than those by M. Moreau. *Fright* maintains the pre-eminence.

M. Moreau does not attach the same idea to the word *Aura*, which scientific men have usually done since the days of Galen, who first pointed out this phenomenon. That so-called cool breeze-like feeling which emerges from some peripheral point to mount upwards to the head, is extremely rare. He has only observed it unmistakably, in one single case of epilepsy. It was like a very cold wind, starting from the right foot a minute before the seizure. Other sensations were mingled with it. The sick woman felt as if struck by lightning. The premonitory symptoms (*s. prodromiques*), are, on the contrary, very varied, both in seat and in the form they assume. They always constitute an integral part of the attack, that is to say, that far from having a mere local origin, they are but the first manifestations of a movement which has the seat of its operations in the nervous centres. We ourselves have made the same observation. It is so, without doubt, in the majority of cases. But we should not dare to affirm that there was no exception to this rule. That would be to forget in reality, the sympathetic (reflex?) variety, which weighty (*serieux*) facts render indubitable.

The special character of the epileptic fit is the suddenness of the convulsions; like an electric discharge, able to manifest itself in all the muscles, or in some special ones only; intense, of medium violence, or imperceptible; rapid at the commencement, less frequent speedily, and becoming still milder towards the end of the crisis. A male epileptic seen by MM. Gouraud and Moreau, bent one knee, and straightened it again, as if it were worked by springs. Some bend the head violently back, or curve themselves forward, making, with the back, an arc of a circle. Some persons have slight movements (little seizures) in a state of (comparative) health. One smiles at them as mere tricks, which have become habitual, but often they may be the prelude of the graver disorder. [Epilepsy.] Sometimes that disappears, and only leaves the slight movements behind. Thus C—, at the Salpêtrière, free from fits for ten years, has slight but rapid movements of the arm sometimes with, sometimes without any feeling of giddiness. A cloud passes before the eyes of X—.

In pure hysteria, there are no movements (convulsions). If they are present, it is a mere coincidence, or a menace. According to

M. Moreau, the premonitory symptoms (*les prodromes*), being the commencement of the attack, one ought, since this has not attained its complete form, to recognise the nature of the disease by the diversity of their physiognomy. The seizures of hysterical patients do not necessarily imply the loss of consciousness. Cold feet and legs, vertigo, syncope, alternate pallor and flushing, fixed stare (not vagrant), no movement of the eyelids—these are the symptoms—but if epilepsy be added to these, loss of sensation takes place, either suddenly, or a few moments later. In any case, the complication leaves its mark. M—— bends the head, her eyes close, you would think she was asleep. Then she raises her head, stares fixedly, with a powerless expression. This soon passes. At another time the attack comes on—cries, groans, complaints, and incoherent words—lastly, a fearful cry terminates the scene. “It is over!” says the patient—sometimes feeling hemiplegic on the right side.

In the case of J. R——, vision becomes lost, luminous objects dazzle the eyes, there is jactitation without loss of consciousness, but if the paroxysm is to follow, the body is traversed by a cold shivering, pallor and flushing succeed, the eyes shut, and she has to be laid on a bed, or on the floor. Some minutes after, she rises up, fatigued, and as if intoxicated. A——, falls into a sort of trance, followed by copious tears. On some occasions, slight agitations of the facial muscles, foreshadow the formal access of hysterical epilepsy. Attacked with pain in a spot under the left breast, V——, falls down, with fixed stare, but has no stupor. She moves her lips, and names her father, and returns to consciousness without convulsions. Her face regains its colour, and she resumes the work she had in hand. In epileptic vertigo, of which *Abscence* (of mind) is the first degree, the loss of consciousness, absolute and sudden, comes on with the lightning speed of an electric discharge.

M. Moreau, at this point, speaks of the congestive epileptiform attacks, which, five years ago, the Academy of Medicine discussed, under the name of Apoplectiform, in consequence of a communication from M. Trousseau. The loss of consciousness in these cases is rarely complete. It is no more sudden (electric) than in epilepsy, but on the other hand, opposed to hysteria, it is ushered in by drowsiness (somnolence), and a sort of physical faintness, and moral indecision. The ground appears to give way under the feet, and the patient distressed, calls for help, the recovery is slow. Sometimes there are serious complications, partial convulsive movements, hemiplegia more or less lasting, the same loss of consciousness.

In a colleague, who died at the Bicêtre, M. Moreau, (who had verified many of these little crises, and therefore doubted their epileptic character), found at the autopsy, besides general hyperæmia, considerable effusion in the left hemisphere.

B——, patient of Dr. Alfd. Lefebvre, was bled habitually, for

“heaviness in the head.” This precaution was neglected, and one day, in playing, he fell down, a minute after he cried out “It’s all over!” Since then frequent repetitions, no convulsions, no loss of consciousness. But his intellect (*sa pensée*) is obscured. Some of these congestive attacks simulate epileptic fits. There are convulsions, and even foaming (at the mouth). Then the consideration of antecedents, and of present conditions, assists the diagnosis. One observes them specially at the commencement or in the course of general paralysis. The paroxysm is often disjointed (*se fragmente*). In the intervals there are partial muscular movements. They are, to speak correctly, eclampsias, such as we meet with in infants, and in pregnant women, only in general paralysis, they multiply and become more severe. In others they generally disappear, it being exceptional for them to degenerate into true epilepsy. Passing on to Hysterical Mania, M. Moreau, who believes in its frequency, desires at the same time, to guard against too lightly affirming a principle, of which people generally, and even medical men love to avail themselves. In simple mania, the disturbance, after the first emotion, in which the whole of the nervous system is concerned, confines itself (*se circonscrit*) to the moral and psychical element. That which accompanies or succeeds hysterias, forms an odd assemblage of sensorial and psychical anomalies, less often united, however, than alternating. Conscience generally asserts herself (*est conservée*). Many patients feel that they are under the dominion of visions, and false ideas. In this respect, the analogy is strict (*extrême*) with the mania caused by alcoholism, hemp, and lead. Sometimes the will is strong enough to resist these blind impressions, these wandering ideas. With some patients, the appearance, and the development of the symptoms (*l’évolution*) resemble somnambulism. The mind (*l’esprit*) seems, in the paroxysms, to be snatched from this terrestrial sphere, or to be the prey of a painful dream. Incoherent, and jerked out (*saccadées*) words, correspond to an internal conversation of which we hear but half (*décousue*), always forgetfulness on a return to a lucid interval. V——, at the commencement of an attack, is agitated, pale, taciturn, and rushes against her attendant, strikes her and struggles, and a moment after, falls into drowsy prostration, from which she rallies, as from a dream. In a hysterical patient, who is hemiplegic on the left side, the prominent symptom is a feeling of weight in the precordia, and in the spine, which forces her to press her hand on her chest; rapid movements of the eyelids, followed by immovability, leave the eyes staring wide open. Convulsive twitchings of the right arm, smiles, tears, shakings, mechanical seizure of objects follow. Nothing dissipates this kind of night-mare, which ceases abruptly at the end of an hour, or, sometimes many hours after. There remains to her only a vague consciousness of this state, which makes her

sad. The succession of phenomena is very varied with L——, by turns in ecstasy, choking, or hallucinated. Once she believed herself to be a frog. Her illness lasts a week.

In some cases the crisis is marked only by maniacal excitement, or by delusions. Nothing can exceed the series of false impressions experienced by D——, and the variety of the extravagances they occasion. Her life is attempted, she is pregnant, a bishop of small stature has come to see her, she is dead, &c. She makes obscene proposals, has a tendency to strike others, to tear up everything, &c. She recovers to feel powerless, like a log, or a machine. A. R——'s attacks resemble stupid melancholia.

M. Moreau, contrary to common opinion, has only met erotic tendencies in excess, in three instances, generally with the catamenia. X——, would make certain gestures, &c., ten or twelve times a day, for a week. Excitement, and frightful hallucinations. At the sight of a man, she was seized with irrepressible desires. According to our colleague, moral excitement plays the chief part in these amatory demonstrations. There is no continence, because there is no more voluntary controlling power. (*Parce qu'il n'y a plus de frein volontaire.*) The same thing is seen, for the same reason, in dipsomaniacs. This enumeration of general characters leads the author to examine particular features, especially suicidal tendency, which is neither purely impulsive, as in the simple forms, nor logical, as in passion, or monomania. The thought of it is conceived, and the execution of it occurs, in the midst of a general exaltation, or fascination. L—— quitted her employment, and at the sight of the Seine, would have thrown herself in, but for the presence of the police. An hysterico-epileptic, fallen into dementia, will retain the passive idea of dying. Another, at the least remonstrance, cries "*Kill me! Kill me!*" These impulses are generally sudden, like those which impel hysterical and epileptic patients to homicide, or destruction of property, and make them so dangerous. Their fury is not only instantaneous, it is directed against the first people, or objects they encounter. D—— scratches, bites, and makes immodest proposals.

In consequence of their identity of nature, a similar method of treatment has appeared rational in all the cases of hysterico-epilepsy, although perhaps its foundation is but slender. Many considerations have preceded its publication. Often the disease will increase under the use of remedies; sometimes it recoils momentarily to return with doubled force. One should expect these alterations, which should not interrupt the (process of) cure. All authors agree in this. M. Moreau combats with energy the prejudice concerning marriage. Of 287 patients, 187 had recourse to marriage and pregnancy, either as a prophylactic, or in the hope of cure. The symptoms have always increased, rather than diminished. Amongst the various remedies he has adopted, and to which from

time to time he has called attention, M. Moreau is specially *addicted* to the use of water treatment. Not constant, not always complete, the success is of a nature to attract attention. The method employed is not indifferent. After various trials, he has adopted the simple spinal douche, adopted from the asylums in Germany. Previously rubbed with a wet sponge, the patient enters into a spacious bath. A powerful jet of water is directed exclusively on the spinal column in such a way as to cause, in a space of time which does not exceed three to five minutes, an almost erysipelatous redness. The jet is similarly directed on to the pubis, if menstruation is retarded. The procedure is completed by a walk, or a gymnastic exercise for half-an-hour.

Thirty-two epileptics, nineteen hysterico-epileptics, fifteen hysterical patients have been submitted to these spinal douches. Amongst the first, about fifteen have experienced slight improvement. This improvement with the other two kinds of patients has been much more marked, in relation to both the intensity and the frequency of the attacks. D——, aged fifteen, had ten vertigoes and epileptic attacks, since the age of four. On discharge, after six months, she had only spasms, and simple giddiness. L——, seven or eight fits a month, reduced to one or two, after two years of spinal douches. B——, aged eighteen, attacked at thirteen, daily seizures, (epileptiform), absolute prostration. Apparent cure, relapse, which M. Moreau attributes to her trade of clear-starcher. Treatment repeated without much benefit, at the end of four months.

Of hysterico-epileptics, four cures (two not quite certain), nine relieved, and five *in statu quo*. V——, convulsions and delirium, after confinement. These phenomena were repeated every eight or ten days. A month's treatment restored her. After her discharge she used to come and take her baths. A further accouchment without relapse. G——, eighteen years, frightened at fifteen by some nuns, spasms, globus, amatory gestures, renewed fits. Admitted 8th of October, 1864, discharged the 3rd of April, 1865. Three months free from attacks. P——, aged eighteen, relations epileptic, two miscarriages, daily attacks, rapid benefit. Relapse, cure dated nineteen months ago. D——, relations insane, hysterico-epilepsy, hallucinations, giddiness, trances, cured after one relapse.

R——, recent attacks, stupor, false perceptions, improvement, discharge at the close of the year; re-admitted five months after; no convulsions, irritability, cries, furore. Ultimate cure.

Hysterical Patients.—Seven cures, six notably improved, two doubtful. F——, aged thirty-five. Admitted the 13th of August, 1862. Attacked after a miscarriage. Syphilis, spasms, tremors, vertigoes, loss of consciousness, ideas of suicide. Douches from September the 20th, to June 3rd, 1863. Discharge, immediate relapse; re-admitted, rapid and definite improvement, set at liberty May 4th, 1864.

C——, family nervous. Two months before admission, an almost lethargic attack, afterwards many visions; forty days of treatment, crisis in the asylum, a species of magnetic sleep. Discharged 31st May, 1863. Excellent health three months after.

G——, aged twenty-four, admitted in 1857. Violent monthly attacks, tremors in the interval; suppression of fits for two years. The muscular tremors persist in a less degree.

D——, aged seventeen, violent hysteria daily, discharged two years. This patient, whose mode of life is irregular, has attacks only once in two or three months.

T——, aged eighteen; assaulted by a young man, she fell in the struggle, and lost consciousness. Soon daily attacks followed by delirium, with hallucinations, *globus*, tears. The attacks were recorded. October, seventy-two; November, forty-three; December, twenty-seven; January, fourteen; February, two; March, one; April, May, June, none. Relapse, prompt amelioration, discharged, October 15th. (Observed by N. Dugué, interne). B—— (*filie assistée*). Loss of voice, the sight of an hysterical attack at the Necker, brought on the same in her, so seriously, as to cause her to be brought to the Salpêtrière in June 1861. Two months after, rapid relief. Discharged, she became a domestic with M. Mitivé, and married comfortably. Two moral impressions (sight of an aunt in convulsions, news of the death of a beloved uncle), plunged G—— into severe (*cruelles*) hysterical attacks, with propensity to suicide, six months of treatment completely relieved her. One can understand the deep interest of these cases. M. Moreau thinks he ought to complete them, by citing two others more allied to chorea, than to hysteria, and where the douche was equally efficacious. M. Peulevé, *Interne du service*, published one of these in *La Médecine Contemporaine* (January 1865). We will cite both in conclusion.

F——, aged twenty-one, at eighteen, a fall, cries, convulsions from terror. Three months after a fair accouchement, her character became altered—her left arm began to move—then the leg of that side; fresh fright—convulsive movements spread to the right side, and the whole face. Tonics and sulphur baths at St. Antoine Sent to the Salpêtrière. The choreaic symptoms worst on left side. On September 17th, the spinal douche began. October 5th cured.

X——, aged twenty-one, all the appearances of vigorous health. Choreaic movements of both arms, chiefly the hands, dating from six months, and without any obvious cause. No employment possible. Treatment four months. She began and continued to improve, and the benefit has been permanent.

[This interesting review of M. Moreau's views, appears in the *Journal de Médecine Mentale* under the signature of D., probably M. Delasiauve, the Editor.]

W. B. WOODMAN, Translator.

LECTURES ON HYGIENE AND PREVENTIVE MEDICINE.

By C. J. B. ALDIS, M.D., M.A. Cantab., F.R.C.P. Lond.,

Medical Officer of Health, St. George's, Hanover square, &c, &c. Delivered
at the Female Medical College, Fitzroy square, during the Session 1866-7.

LECTURE I.

THE Committee of the Female Medical College, anxious to make the Lectures on Hygiene and Preventive Medicine a more prominent feature than they have hitherto been, in connection with their incipient College, recently invited me to undertake a short course on this, and such other subjects in the present accessory curriculum of Lectures, as I may deem useful to the students.

I therefore propose to bring before your notice the subject of Public Health—a most important one, as an auxiliary to the obstetrical studies, which you are now following. Public Health has been denominated Hygienic Medicine, Sanitary Science, and, as I said before, Hygiene, or Preventive Medicine. It treats of those means, which maintain that measure of health we naturally possess. Fortunately, at the present time, this system does not require any amount of eloquence or persuasion to recommend it to your attention, but I cannot impress too strongly upon you the necessity of storing up in your minds, not only those conditions which will influence the individual health of the patients, who may hereafter be committed to your care, but that you should try to ascertain and remove all external causes that are prejudicial to health. Now, it so happens that women have shown much devotion in this direction, which the existence of a Ladies' Sanitary Association, whose operations, presided over by the Hon. Mrs. W. F. Cowper, have done much good to the community, sufficiently proves. Again, we may cite a striking example of sanitary acuteness in the person of Miss Nightingale, of whom I have heard the following anecdote, showing a determination to enter into the reality of everything which she undertakes. At one of our large hospitals, she went into the apothecary's shop, and was not contented with merely observing what was passing around her, but she inquired about the medicines and prescriptions, what was done with them, how the medicines were hoisted in a tray, and under whose direction, how they were disposed of when they reached the wards, where she herself afterwards went to make further inquiries, probably with the view of making some arrangements for the hospital at Netley.

Another lady, who signs herself M. A. B., in a pamphlet, entitled, "A Few Words on Woman's Work," p. 10, remarks:—

"We hope that the science of health will, ere long, be recognised as a necessary part of instruction in every school—high, low, and middle-class—boys' schools and girls' schools. It will be the first step, and a very important one, towards obtaining a healthy population, for without individual intelligence spread over the masses of the people, sanitary commissioners, and boards of health may busy themselves in vain."

A distinction has been drawn between public health and hygiene, but as both tend to render life more comfortable, and prolong its duration, both must engage our attention; in a word, public health is the practical application of the more theoretical principles of hygiene. Public health, dealing with nuisances and their remedies, inspects the sanitary state of industrial establishments, the effects they have upon the health of the neighbourhood, the odours they emit, or the other annoyances which they may produce, and endeavours to bring them under control, while hygiene, being more scientific, embraces all those external influences which far or near affect the human organisation.

At this time, sanitary economy is of especial interest, when we reflect upon the dreadful pestilence which has lately visited the East end of London. I fear that such a calamity was needed to rouse some apathetic souls to the necessity of adopting sanitary measures, and if such persons would only cease their taunts in future, and obstruction to those who wish to "take time by the forelock," in giving warning of the approach of danger, and trying to prevent it, the evil which has happened in the Metropolis will be converted into positive good, and it is satisfactory to know that some, who opposed sanitary efforts, have been the first to approve when the cholera appeared. The fear of this dreadful malady has induced the establishment of temporary hospitals and dispensaries, the opening of soup kitchens, the promotion of cleansing and whitewashing, the improvement of the water supply—by which means many persons have been saved who would otherwise have perished. Here, again, women taking a prominent part exposed themselves to the utmost risk of infection, where the disease was raging furiously. Any person who visited the plague-stricken spots at the eastern part of London during the recent epidemic, must have been remarkably struck with what women effected in such an emergency, by opening a cholera hospital under the superintendence of Miss Sellon in Commercial street. I may also allude to the Hon. Mrs. Monsell's Convalescent Hospital at Clewer, and to the Hon. Mrs. Gladstone's Chelsea Orphan Home.

With regard to the history of public health, we find that the Hebrews observed a sanitary code of laws, and that the Greeks and Romans believed a sanitary police to be essential to the

well-being of a large city. If builders, artisans, and draughtsmen, instead of opposing Vitruvius, an eminent Roman architect, who lived in the age of Augustus, had followed his excellent sanitary precepts, it would have been fortunate for future generations. But a later experience has shown us that similar opposition even now sometimes exists to the best considered plans of sanitary progress. Vitruvius has devoted one chapter of his work to the "choice of healthy situations," another to the "situation of buildings," according to the nature of "different places," in which he points out the way by which the "injury which nature would effect is evaded by means of art." Again, he tells us the old city of Salopia, in Apulia, was so placed, that the inhabitants were continually out of health, but after a change of locality near the sea, was carried into effect, he says "the Salopians now inhabit a healthy situation, four miles from their ancient city." If we took half as much care about the salubrity of our modern theatres and their situations as this author did, it would be of great advantage to the play-going public. But how many of our public buildings are unhealthy. Take, for instance, some of our law and police courts, in which the air is almost suffocating, when they are overcrowded. It seems at least contradictory that whereas the laws to abate overcrowding and a vitiated atmosphere are daily becoming more stringent, yet lawyers and magistrates are frequently compelled to submit to those evils. I remember being engaged in a trial on a question about a slaughter-house in the East end of London, when the air became so foul from the number of persons pent up in such a narrow compass, that a notice ought to have been served to abate the nuisance, and no doubt the magistrate with the officers would be glad if some means were adopted to enlarge and properly ventilate the court. But it is now incumbent upon every parish, town, and place in England and Wales to protect its own community from such causes as are injurious to the public health. This, however, is no new legislation, as shown by Mr. Toulmin Smith,* who says it is the *restoration* of the older and more efficient system of the law, which has been injuriously kept for a time in abeyance, while our institutions became paralysed by an empirical legislation. Before this interference he thinks that the common law embraced all the objects which are included in the Nuisances Removal Act of 1855. It provided against the wrong-doer, and effectually protected the poor and helpless from the rich aggressor. The Courts Leet, which existed before the Conquest, were in use at the time of Lord Bacon. They punished tradesmen for selling *things unwholesome*, and regulated other sanitary matters,

* Practical Proceedings, 1855.

such as obstructed water-courses, any carrion or dung, stagnant water, overcrowding, unwholesome bread and meat, and any *common nuisances* injurious to the health of the people.

It was shown, however, in 1844, by Mr. Neal, that at Manchester, since the year 1840, thirty-five cases had been presented, and penalties had been inflicted in the Courts Leet, varying from 5*l.* to 100*l.* Leet juries have also decided, according to Mr. Coulthart, many cases with a beneficial result at Ashton-under-Lyne ; but these courts have been held to be insufficient, as they had generally fallen into disuse, and their meetings, when in existence, being only once a year, made it impossible to apply a prompt remedy for the removal of any nuisance. It also appeared from Mr. Hawksley's Report on Manchester, published at the same time, that in a case of public nuisance presented at the Court Leet held in September, 1842, unless the nuisances existed in or adjoining to public thoroughfares, they could not be remedied, otherwise the parties aggrieved must proceed by action. No doubt several town councils possessed bye-laws to abate nuisances from houses, but they were either unaware of their existence, or neglected to put them into operation.

Happily, the Nuisances Removal Act, 1855, has restored the power to a local authority to deal summarily with sanitary evils. Such a body having great local knowledge, and armed with Medical Officers of Health, assisted by Inspectors of Nuisances, is at present the executive for dealing with matters affecting the public health. The very existence of a Nuisance Removal Committee acts as a wholesome check upon the careless or indifferent to those evils, which it is the duty of such a power to abate ; but legal proceedings are the exception rather than the rule, as the mere serving of a notice is sufficient in most cases. Only a few years ago vast sums of money were wastefully expended in erecting large and handsome buildings in many towns, while filthy dwellings, cesspools, streets ill-paved, and badly cleansed houses, were entirely overlooked. These became, as a matter of course, nests of fever and other diseases, which produced a heavy burden upon the ratepayers. The expenses of sickness are enormous, for it is calculated that the excess of deaths (332) in the year 1841 in Exeter could not be less than 50,000*l.*, besides the misery arising from increase of sickness, premature mortality, and orphanage.

Few persons could believe the extent of the sanitary evils which defiled the habitations of the poor comparatively a few years ago, unless they had witnessed them. I can remember persons in authority, believing themselves to be immaculate, strongly opposed to sanitary improvement, although death was multiplying its victims annually at a fearful rate. Pestilential

places, spots abounding in cesspools were roundly asserted to be unsurpassed in health. In vain it was shown that out of given numbers of children and women more were destroyed in the districts complained of than in Lewisham, that the sewage was bad, and the water supply defective. The defenders of filth asserted that their jurisdiction was not to be excelled in effective drainage, whereas others proved all the sanitary arrangements to be abominable. In truth it was of little use for medical men to attempt to relieve their patients in certain neighbourhoods while evils of such great magnitude baffled their exertions.

A great want of care and sympathy for the sanitary condition of the labouring population continued until the cholera, the greatest sanitary reformer, appeared in England in 1831-2. This terrible visitation led to inquiries, which proved that numbers of the people were living in a state of wretchedness and vice, "the coincidences," as Mr. Edwin Chadwick stated, "of crime and a low sanitary condition." Education avails but little against such demoralising influences. It is useless to preach to a people, that they should behave themselves decently, when through the overcrowded state of their own houses, decency is simply impossible, where their moral perceptions must be daily blunted, and their social nature destroyed, by surroundings calculated to make them little less ferocious than wild beasts. As Mr. Chadwick said, "in some cases the idleness which begets crime begets filth, and the filth ill-health, and the low sanitary condition may be the effect.

In general, however, the overcrowding stands as a cause. It produces irritability and crimes of passion, at the same time that it vitiates the atmosphere and produces disease." Englishmen habitually boast of their country and their civilization, but surely a remedy was required, when such a state of things became exceedingly common. We hear of frequent strikes among workmen, and of the dangerous classes; even in 1866, the railings in Hyde Park were pulled down by a reckless mob. Ragged youths suddenly sprung up—"the roughs" as they are termed—imitating some of the furious crowds that used to terrify the inhabitants of Paris, but few can tell where they came from and whither they went. Perhaps they resided in some back street in a good neighbourhood.

I recently had occasion to take proceedings in the Belgrave Sub. District, which is generally considered to be a favoured locality, for closing some houses in a place called Spring gardens, as being unfit for human habitation. They had been taken by a railway company, who compensated the out-going tenants, but a set of lawless trespassers or squatters got possession of them, who broke the windows, burnt the banisters, and caused such a

nuisance, as to render them quite uninhabitable. Here the modern sanitary law was far more efficient than the older process, by a civil action or indictment ; for it so happened that the company were unable to close two of the houses, lest they should be served with an injunction, but the Nuisances Removal Committee summarily did that, through their Medical Officer and Inspector, which the company were unable to fulfil without incurring considerable expense.

Although the sanitary condition of the people has been in former years much neglected, still there is great reason to blame many of them now ; where they have a good supply of water, where their houses have been repaired, and traps, with other sanitary requirements, supplied, that they do not become cleaner, that the traps and leaden pipes disappear, being, most probably, taken for sale to some marine store dealer's ; in fact, all that has been done for the health of the people living in some streets has been soon removed by dishonest and mischievous practices, for which severe punishment should be inflicted. I am willing to believe that such instances of ingratitude and depravity are the exception rather than the rule, but they are far too common ; yet I hope that in proportion to the extension of education, combined with improved sanitary arrangements, that moral agencies may have a better chance of success. At present, however, the physical barriers to improvement are in many instances so great, that numbers find refuge at the public-house, who would not otherwise so constantly frequent it if their homes were made more comfortable. Until there is a constant supply of pure water, and improved dwellings for the labouring classes, we cannot expect any permanent sanitary improvement.

It is true that many model lodging-houses, like those founded by the munificence of Miss Burdett Coutts and Mr. Peabody, have been erected and are building in different parts of London, but in most of them the rent is high, although the accommodation is good. The apartments at a low rent are exceedingly few in number in those which I have seen, and an effort is naturally made to procure respectable tenants ; then what is to become of the very poor, or those, whom it is also important to reach, in order to give them a chance of improving their condition ?* It is no doubt a difficult problem to solve, especially at the East-end of London, whence nearly all the respectable families have migrated to the suburbs, leaving behind a motley

* Since this lecture was delivered on November the 5th, the *Lancet* of November 10th, remarks that this is nearly the most urgent question of the day in large towns, and alludes to a scheme lately proposed by Dr. Allbutt, of Leeds—an Industrial Dwellings Company—which has been started to fulfil this desirable object.

population, containing numerous thieves and other disreputable characters. The former rector of one of the parishes in that part of the metropolis once said in evidence—"When he came there he found the people paupers, they continued paupers, and would die paupers." He took, perhaps, too melancholy a view of the case, at which I was not surprised; but the new streets now forming, and improved sanitary regulations of the neighbourhood, may lead to a better state of things. Believing, then, improved dwellings for the poor to be the foundation of all sanitary improvement, and the wretched hovels in which numbers eke out a miserable existence in our large towns, feeding the hospitals and dispensaries with patients suddenly struck down by acute, or worn-out by chronic diseases, to be an intolerable evil, I purpose making a few practical remarks upon the habitations of the poor. At the same time, it may be well to notice the sanitary neglect which is often detected in those of the middle and upper classes. That the aristocracy are subject to sufferings like some of those, which afflict the poor in other places, we may quote the following extract, written by a correspondent of the *Builder*, edited by Mr. Godwin, himself an energetic sanitary reformer:—

"In our day, even bishops and archbishops are content to be poisoned without remonstrance, and under the very nose of Government. . . . Over against that drear abode of the condemned, Millbank Penitentiary—say nothing of others—is one of the vilest nuisances that ever wafted its poisonous breath to human lungs—the Lambeth bone-boilers. . . . yet still the human murder goes on unheaded, unrebuked. I have often, when the wind has set across the river, fairly run for it, to escape the sickening, overpowering reek, as I have passed along Millbank. How the health of the poor prisoners is affected, is known to the Government—known to us all—yet still the deadly trade is permitted, and here, as elsewhere, the wrong-doers go on unheeded, unrebuked, unmastered."

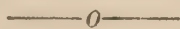
When we reflect how intermittent fever, or ague, has been banished from many parts of Cambridgeshire and other places, by means of proper drainage, and when we read that fever and dysentery break out among armies encamped on swampy ground, subject to foul exhalations, and that their removal to drier spots is immediately followed by an improvement in the health of the men, we see at once the value of attending to the drainage of a district.

By improving the dwellings of the labouring classes, we hope to lessen the rate of mortality in large towns. In order to do this, it is requisite to improve the ventilation, to make them drier and lighter, by which we may reasonably expect to lessen the deaths from scrofula, consumption, and other maladies of degeneration.

Secondly. — By abolishing cesspools and improving the drainage, we get rid of those poisonous gases, which are

believed, if not to produce independently, zymotic diseases, such as small-pox, scarlet fever, measles, or cholera, at any rate, add to their malignity.

Thirdly.—By improving the healthfulness of homes, we may counteract frequent visits to the public-house, and other evils likely to end in immorality and its consequences.



SPRAY.—No. VII.

[Under this heading it is proposed to continue the occasional papers on various social and professional subjects, of which a few have appeared in previous numbers of the MEDICAL MIRROR, omitting, however, the descriptive verse which previously stood as a heading, with a view to economy of space. It must be distinctly understood that the Editor is not responsible for the opinions expressed in them.]

ON NURSING SISTERHOODS, AND LADY NURSES.

A MEDICAL Journal has nothing to do with the theological aspects of the question of nursing sisterhoods.* We must leave entirely to the Protestant Defence Association, and the Guardians of the Strand Union, to fight against these benevolent associations, on the ground of the danger accruing to semi-Heathen paupers by the sight of Christian charity wearing Christian emblems. The *odium medicum* is bad enough for us to endure, without running the risk of incurring the *odium theologicum*.† This paper will deal with the question in a purely medical and social point of view. The first and most natural inquiry, when a new movement is set on foot in any country or society, is—Was it wanted? Is there any necessity for it? With regard to our Workhouse Infirmarys, we need only refer the reader to the reports of inquests in the daily papers, or to those of the “*Lancet* Commission,” and he will see at once, that there is the most direful necessity for some new system, for almost any system, which might amend or remove such monstrous evils as are there disclosed. We unhesitatingly affirm that Dean Swift’s burlesque proposals of utilizing the bodies of juvenile paupers for dietetic purposes, and those of adult ones for the manufacture of soap and candles, are humanity itself, compared to the slow deaths by torture, which have been, and we fear are, inflicted on the unfortunate sick poor, in these parochial infirmaries.

With regard to hospitals and asylums, the case is not so simple.

* The Ed. M. M. begs to say that, as far as his Magazine is concerned, nothing which bears on Christian Medicine can be considered out of place. Theological strife is bad anywhere.

† The P. D. insists that this ought to be spelt *öidium*. He says he’s read all about it, and knows it’s a kind of blight, or mildew, or something nasty. We fear this young gentleman’s education has been neglected.—Author of “Spray.”

There is in them an organised system of nursing, under the superintendence of matrons, who are for the most part ladies, or at all events, of a superior class to the nurses under their care. These nurses are, again, divided into head-nurses, who can read, write, and keep accounts, and who have some intelligence, and generally, experience of their work; and under these, again, are women of an inferior class, to do the actual work. These, latter, in our best hospitals, have generally received some training, perhaps as supernumeraries, or occasional assistants, can read, and in most cases write, and are expected to give something like an intelligible account of their patients. This is the system common to most of our best hospitals (where sisterhoods have not been introduced), and it must be confessed, that for the most part, the system works very fairly; but it has some terrible drawbacks. The worst, perhaps, is, that for some reason or another, it may be, perhaps, for want of more generous provision for old servants,* there is actually a deficiency in the supply of suitable women for nurses. Plenty of old ladies can be found in Gin lane and Beer street, who are quite equal to Betsy Harris, or Sarah Gamp, but that sort of thing hardly does now-a-days. Now, it so happens, that in nine cases out of ten of illness or accident, any willing, active woman of common sense, can do nearly all that the doctor or patient requires, *provided she has some one to direct her.*

But the head-nurses in our hospitals have enough to do already, without the additional imposition of having *untrained* nurses put under them. Here we see at once, that whilst the head-nurse has her diets, and her general duties to attend to, there is ample room for the services of ladies, even under the present system, to attend more particularly to the giving of medicines, and to the special requirements of individual cases. But it so happens that head nurses are getting as scarce as under-ones, for some reason, and hence the desirability of looking for some substitute. Political economists will say, and justly too, that if the value of the article of manufactured nurses is rising, you must pay more for it, and you will be sure to get what you want.

Now the fact is, that the pay is already very good in most cases, for the class from which we have drawn our nurses, but they fail to come and take it.† We must accordingly look for our future nurses to the classes above them, to those who are ladies, often by birth, at least by education, and generally in manners, and one sees at once that the next source of supply will probably be the class which now furnishes us with an excess (economically speaking), of governesses. How can we best utilize their services?

* Hospital committees are often unjust. They pay large pensions to retired officers, who have been well salaried—often none at all to nurses who have grown gray in service—all the while getting *medical services gratis*. † There is probably more demand for skilled private nurses also.

This is the practical question. And we believe much might be said in favour of sisterhoods, because they induce habits of obedience, and self-denial, and patience, which are invaluable qualities in a nurse. They have this advantage too, that they are less liable to leave our patients in the lurch, at any moment.

After all, the practical test is *the one* to be regarded, and we believe that the way in which the nursing is done at King's College and University College Hospitals, &c., has met with but one opinion from medical men who are conversant with it. We can speak most warmly of the Sisters' services in Cholera Hospitals—but space forbids our enlarging. What of voluntary efforts, apart from vows, or peculiar dress, &c.? Of this, were we to speak only of what we have seen, or of cases like Miss Nightingale, or her companions, we could not say enough in praise. But, on a large scale, for a permanency, the system could not work well without an organisation. Of course, the peculiar dress is not essential, although in certain neighbourhoods it has obvious advantages. Without some common bond, or rule, or some kind of society, the *supply* would, we fear, be liable to sad fluctuations.

It is not to be denied, that in Roman Catholic countries, the Sisters of Charity have *occasionally* either come rudely into collision with the medical staff, or actuated by either prudery, or indisposition to perform disagreeable tasks, actually neglected their patients, leaving them to lie in filth, or with bed-sores untended. (As in Naples, and some years ago in Vienna.) But these are very exceptional cases—and, in our opinion, have arisen from a misconception of the real position of these nurses. We think that they are not wanted (as a general rule), for the *manual* parts of attendance on the sick—for there are plenty able, and glad to do that for small pay—they are wanted for all that requires intelligence and tact and gentleness. They are wanted as the doctor's executives—and to do a great deal that the doctor cannot—but they are not wanted to scrub floors, nor to do any of those duties which Sally Jones' hard hands can perhaps do a great deal better. The question of *vows* is not one for us, except so far, as in the interests of the sick, we should *deprecate perpetual* vows, lest the interest which a nurse ought to feel in her patients might expire, or advanced age incapacitate, and because most of all, it would tend to deprive us, as a rule, of the services of our younger ladies, who naturally look forward to marriage, and who could get no better training for home duties, than our women's and children's wards would supply them.

Of Lady Nurses amongst the sick-poor, our space forbids us to write. Lastly, we respectfully urge that *Cotton* fabrics, at least in Fever Hospitals, would be no less humble, but much more easily cleaned and renovated, although perhaps less mediæval, than the present garb of the Sisterhoods.

'*Ἰατρός*.

REVIEWS AND NOTICES OF BOOKS.

Quid Romæ faciam ? mentiri nescio : librum,
 Si malus est, nequeo laudare, et poscere : . . .
 Nec volo, nec possum : ———

Juvenal, Sat. iii., ver. xli., &c.

Surgical Diseases of Women. By I. B. BROWN, Esq., F.R.C.S. ; late Surgeon-Accoucheur to St. Mary's Hospital, and Lecturer on Midwifery ; Senior Surgeon to the London Surgical Home. Third Edition, 8vo. Pp. 366. London : Hardwicke.

It is now twelve years since Mr. Brown published his first edition on "Surgical Diseases of Women." That a third edition should be now called for, at a time when there has been quite a surfeit of works on diseases of women, is an unmistakeable evidence of its sterling worth. It is not unnatural that a work of pure surgery, from one who was not always a "pure," but who was once a "general" practitioner, particularly when so much red-tapeism still prevails, should be looked upon with jealousy by many. We, however, are of opinion that this fact is one of which Mr. Baker Brown may be most justly proud. Many enter the lists of medicine and surgery ; but there are few who attain the goal. The prizes in our high calling can only be won by the able. There is no royal road to medical advancement. Mr. Baker Brown has attained distinction, not by favour or by patronage, but by sheer honest hard work. Mr. Baker Brown's name is more especially associated with the successful perineal operations in females. He has brought these before the profession more prominently than any other British practitioner. 112 cases are here recorded, of which 104 were cured and only three died. But even here Mr. Brown's has been assailed as an imitator of Fricke. This is not exactly true. Fricke did not cut away the mucous membrane as high up as Mr. Brown, nor did he use the deep quill sutures, upon which depend so essentially the success of the operations. This portion of the operation was the origin of an angry controversy between himself and Dr. Savage some years back. Dr. Savage believed in, and gave the priority to, Dr. Geddings, in America, whereas Mr. Brown does not appear to have read Geddings's essay. This may be probably due to his extensive practice ; but we think, from other parts of the work, able as it is, that he is fonder of originating new modes of operation than of wading through the discoveries of others ; not *always*, however,

because some of his histories of operations are correct and extensive.

In the chapter on prolapse of the uterus, Mr. Brown expresses opinions directly opposed to those of Huguyer. Huguyer asserted that true prolapse of the uterus was a very rare disease, and we quite agree with him. Thus, he only met in fifteen years, two *true* cases of prolapse out of sixty-four cases. The remaining cases, supposed to be prolapse, and called so by general consent, were, on investigation, found to be cases of *longitudinal hypertrophe of the cervix*. The use of the sound is here necessary for diagnosis, but Mr. Brown does not indicate its use in such cases. It is clear, if the uterine cavity, instead of two and a-half inches long, extends to four or five inches, it is something more than prolapse. The fundus may even remain *in situ*, and yet the cervix and os uteri project, with or without rectocele and cystocele. No mention is either made of Huguyer's operation for such cases, although extensively known, and even in England fully described by Dr. Routh some time since in his lectures on "Endometritis."

The chapter on vesico-vaginal fistula is the master-piece of the work. Mr. Brown holds justly a very high position among medical men of the day as one of the most successful operators in this disease. If he has followed Bozeman and Sims, he has proved himself in no way a less successful operator. Indeed, if we mistake not he has operated successfully in cases which they either refused to have to do with, or failed in curing.

To cure eighty-five cases out of eighty-nine, relieving two others, and losing only two by death, is very successful surgery. It is no small feather in Mr. Brown's cap to have devised the operation for making a new urethra in cases where the urethra has sloughed away, or the parts have healed, and the sphincter being destroyed, the patient could not hold her urine. His plan (p. 163) is to make a puncture under the arch of the pubis with a straight knife or trochar into the bladder, and then introduce a catheter with an ingenious apparatus appended to it, devised by Mr. Harper. We cannot help feeling that this apparatus is all important. But the original measure was a bold one, and fully justified by the three successful results he gives.

Mr. Brown is not so happy in his remarks on fibroid tumours. The account is meagre, and scarcely up to the present amount of knowledge. The notices on fibrous tumours by M'Clintock, Hutchinson, Guyon, Dr. Routh's monograph on the same subject, if known to the author, might have been consulted with advantage. Injections, enucleation, and gastrotomy in such cases are ignored. In a work which like this should elucidate the whole surgery of the subject, such omissions are a mistake. More might also be said on the subject of the differential dia-

gnosis. Mr. Brown appears now mainly to trust to incisions of the os and tumour as involving its disintegration, in lieu of the gouging he practised formerly, but which was occasionally very fatal. *Retroflexion* and *antiflexion* of the uterus are practical chapters. Incision of the os seems also to be Mr. Brown's chief surgical treatment in such cases, though not the only one. But his etiology on this subject is peculiar.

"The true source of uterine disturbance and displacement in both the married and single is to be sought most frequently than is commonly supposed in habits of self-indulgence. In cases thus originating it is only by excision of the clitoris that permanent relief can be obtained. I stand probably alone in attributing so important a part in the production of uterine disturbance and displacement to self-indulgence." . . . p. 275.

We can quite assent to the latter part of this statement. We do not say it is not occasionally so. Indubitably it is, but the weight of the body of the uterus from congestion or other cause is the principal cause. A top-heavy organ is by some sudden jerk or forcing (as when lifting a weight, or a false step), pressed backwards or forwards, and there remains. But it is only when the fundus is more or less painful by chronic inflammation, or active congestion, that it calls for treatment at all. The very delection may be produced by the pruritus of the vulva induced by uterine disease, just as pruritus ani in the male may result from ascarides, or congestion of the liver. The incision of the os does good in some cases, because the hæmorrhage from the operation relieves the congestion. So does clitoridectomy; but surely so severe a measure is by no means a *sine quâ non*.

The chapter on stone in the female bladder does not call for much notice, but if Mr. Brown had found time to read Mr. Bryant's paper published on this subject in the *Medico-Chirurgical Transactions* of 1864, he might have gathered information perhaps to modify his views; at any rate it would have been more courteous not to have ignored so excellent a monograph.

The chapter on operations of the external sexual organs appears to bring out in bold relief Mr. Brown's peculiar opinions more fully developed in his work "On the Curability of Certain Forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females, 1866," and which relates especially to the operation of Clitoridectomy.

We are well aware of the storm of indignation that has been levelled against Mr. Brown by some members of the profession at his proposed innovation. But we remember the outcry against the stethoscope of old, and the indelicacy of exposing, even touching, the bosom of a female, on which so much stress was laid by some. We remember the outcry of the old school of accoucheurs against the use of the speculum, and the papers on this subject by Drs. Lee and

Greenhalgh. We recollect how an eminent accoucheur held up before the Medico-Chirurgical Society the uterine sound as an instrument likely to frighten the Caffres. We remember Dr. Gream's papers and work against chloroform. We remember the storm raised against Dr. Bennett for examining women on their backs, and there are some moral pures who even now inveigh against the immorality of this position. But what is the result of all this outcry? The stethoscope, speculum, sound, chloroform, are in general use, and your moral pures often examine a woman on her back. No wonder, for sometimes it is the only position which they can adopt; moreover, even that upon all fours, which is still more indelicate, is imperatively called for sometimes, and even by them occasionally adopted.

Now, we have no sympathy for such narrow-mindedness; a man may have strong views, but he may be honest. Mr. Brown may be in error, but not the less honest in his views. To ascribe unworthy motives to any one without proof is not argument. Now Mr. Brown believes clitoridectomy *does* good in some cases. We not only believe it, but we know it; and even others in the profession prove their belief by practising it too, though less openly. Less often, it is true, though they will not perform it themselves, they send their cases to Mr. Brown. Mr. Brown, indeed, answers well some of their objections, which are as follows:—1. If it may be overcome. 2. The seat of sexual feeling is by no means confined to the clitoris. 3. It unsexes a woman. 4. The talking of the frequency of this habit may contaminate the pure-minded. 5. It does not always cure.

The second and fifth reasons are really the only objections of value. 1. What if it cannot be overcome, and a woman tells you she has tried and failed? 2. What if your patient be an idiot or insane? 3. Is a woman unsexed if, after clitoridectomy, she bears children, and if the second objection be true? 4. Why are newspapers allowed to publish impure police and divorce reports? 5. Why is social evil or infanticide spoken of at all in works of science?

These objections are childish. But if it be true that the seat of sexual feeling is, in some women, not confined to the clitoris—if the inner part of vagina, labia, fourchette, and even anus be sometimes affected by the orgasm, this is a serious objection. You cannot cut all these parts away. The true operation is destruction of, or cutting through the pudic nerve at its origin. But as yet, no practitioner has been bold enough to do this, therefore we must admit the question to be still *sub judice*. Mere failure of an operation is no reason why it should not be tried again, if a reasonable hope of success is held out. How

far clitoridectomy will bear the test of time, we know not. We want statistics, and the proportion of failures. This can only be afforded by increased experience. The variation of the locale of the pruritus should be noted, and if it be found the clitoris is the organ mainly affected, it justifies in some measure clitoridectomy as a trial in bad cases. Still, we hold, that only, in cases where no doubt exists as to the practice—where insanity, idiocy, or epilepsy, are the *certain* results, or a patient has become a confirmed invalid, and then only after every other measure, *moral* as well as *local*, has been tried for some time, is it justifiable. So far, we venture to disagree with Mr. Brown, but we candidly confess we have not his experience.

The chapter on rectal diseases, producing, or resulting from uterine disorder, is one of Mr. Brown's best. Speaking of fissure of rectum, he says rightly, "that it is a subject little understood even by those who have written surgical works, and except by men who have made it a special study, it is astonishing how little it is known." Vaginismus, we are satisfied, may be operated upon with all the dexterity of a Marion Sims, and yet fail of cure if the fissure of the rectum is not also discovered.

The chapter on sterility may be read with advantage. But it is written too much in outline. More cases are needed to prove the positions laid down. The same may be said of the last chapter in the book. These defects, however, are few, and may be rectified in a future edition. Mr. Brown's style is clear and perspicuous. The illustrations by his son are good and apposite.

In conclusion, there is no doubt that Mr. Baker Brown's book is one of the most useful treatises that has appeared in the English language, not even excepting Dr. Marion Sim's exhaustive, but somewhat "advanced" work. Mr. Brown's book is essentially that of a working practitioner, and although we do not say that a greater acquaintance with both British and Continental literature on this subject might not benefit him, yet, as a work snatched from the never-ceasing round of an extraordinary, and a most successful practice, it does him great credit, while it shames many, who, with almost equal advantages, prefer to rest on their oars, and who, while taking the solid gains of the profession, yet add nothing to its advancement.

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Prostitution Medically Considered with some of Its Social Aspects.

By Dr. DRYSDALE : Pp. 41. Hardwicke, London.

THIS is a reprint of a paper read at the Harveian Medical Society of London, of which the author is the secretary.

It gives us a succinct account of the comparative numbers of prostitutes in some of the capitals of Europe, of the general con-

dition of the class as respects bodily health, disease, duration of life, manner of living, &c. The author tells us that in youth the health of whores is generally better than that of the daughters of toil, and that except from syphilis they are not liable to suffer. Hysteria is a malady almost unknown amongst them. This is readily accounted for, from that affection being the result of too much labour, or too little food, or both, and from prostitutes generally living very well, and being very lazy. We do not believe the sexual condition has any thing to do with the immunity, and have long blushed for our professional brethren who have ordered marriage for the cure of what they call "hysteria."

When they advance in years, our author tells us, that girls of the town, marry or take some situation. We can well believe this, for in our thirst for knowledge we have put many such under examination, and have been surprised at the numbers who deliberately enter upon the business to enable them to make money enough to live a decent life. Whatever it may be with some, there are certainly many who make merchandize of their persons, as doctors and lawyers do of their brains, and, with the same firm intention of accumulating a competency, upon which they may retire from their profession.

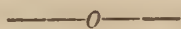
The author is not in favour of importing into England the stringent regulations of many continental cities, he is in favour of as free trade in "persons" as in "drink," he thinks, and we agree with him that the law has no more right to imprison within four walls, a woman who may intoxicate young men by her charms, than it has to lock up the publican who intoxicates them with his beer. But he thinks, and here again we agree with him, that as the law takes cognizance of the drunk and disorderly, and punishes the innkeeper who does not conduct his house aright, so that the woman indecent and disorderly in the streets or in her house ought to be equally amenable to penalties.

To meet the evils arising from the spread of the venereal disease, the author proposes that there should be accommodation found, in hospitals to be erected and maintained (at public cost?) where those (of both sexes?) affected with the disease could be examined, treated, and housed, if necessary; and whence, if they chose, professional beauties, might obtain a clean bill of health.

Our author still farther proposes "that women should be educated (he does not give any detail of his plans) not only in domestic economy and accomplishments, but in science. In addition to this, they should be enfranchised in order that their voice should be heard on questions which relate to their interests and existence. Prostitution will cease when poverty ceases to

exist, and when the relation between the sexes has been more frequently discussed and better understood than it has hitherto been. In the meantime, let us try to alleviate the condition of the prostitute both for the sake of our common brotherhood with her, and, because she is at present, the focus of dangerous contagious disease." A peroration like this will be applauded heartily or the reverse according to the near approach or distance of the millenium.

We have been told, and we believe "the poor shall never cease out of the land," and we think the same of prostitution. That it is an evil no one can deny, that it is a crime, few will assert. If we tolerate known thieves until we can convict them of a specific offence, so we must bear with "unfortunates" so long as they do not present to the public gaze the arcana of their trade. We may go one step further, and endeavour to see what would be the condition of any town, whenever "the authorities" have attempted to repress vice with "a high hand." Boston, in America, was, at one time, such a place, and there, we are told that the amount of secret vice was so great as to fill its Lunatic Asylums to overflowing. It may be bad for the health that individuals should sin in company—it cannot fail to be so where they indulge alone. Happy the individual who can restrain disorderly passions, but thrice unhappy is the one who is unable to control himself, yet fears to have a natural companion whose weakness seeks a similar relief. The solitary indulgent becomes, in time, debased and practically unsexed. We speak as political economists as well as doctors, when we say, that we had rather believe our youth consorted occasionally with "Hetairæ" than lived a life which was quiet, only because every passion as it arose was quelled by their own hands.



A Practical Treatise on Apoplexy (Cerebral Hæmorrhage): Its Pathology, Diagnosis, Therapeutics, and Prophylaxis, &c. By WILLIAM BOYD MUSHET, M.B. Lond.; University Medallist in Medicine. Pp. 194. 8vo. Churchill.

IN taking up this book, we looked first at the title-page, and seeing that the author was a London Graduate, and one who had distinguished himself in the University, we anticipated a great treat.

We next read the preface, and found that the author's intention was to give us a clearer notion than we already possessed of the meaning of apoplexy, and the nature of the disease. When we saw that there was a sort of apology for doctrines which might seem to be extreme, we felt a lively sympathy with

one "launching his conclusions on the troublous sea of medical controversy."

After this, we settled ourselves for a good, steady, day's work, and studied page after page, until we began to yawn; but being determined to get along, and find out what the book was all about, we plodded on—we waded through twelve pages of quotations from various authors, telling of their experiments or opinions respecting the circulation within the cranium, and then landed at the bank of "cases," which we pursued through fifty-eight pages, wondering all the time to what we were being conducted. On the seventy-ninth page, we found that "the previous argument appeared to warrant the *conclusions* (we are condensing for the reader's benefit) that apoplexy (cerebral hæmorrhage) is unquestionably very rare in early years, and is admitted to be the most common after the meridian of life—that it was in fact, *l'apanage de la vieillesse*." This was only one conclusion, we thought, so we went on to look for some more; we could find none, and then returned to analyse the sentence above quoted, and finding that it contained two propositions—that apoplexy was not common amongst the young, and was frequent amongst old folk—we considered ourselves stupid, for having sought for more, but consoled ourselves by saying, something like "so much sack and so little bread." We did not, however, lose heart about our task, until we came to the ninety-fourth page, where we met with the following "wind-up" of Chapter one. "My own views are that the *assumed* depression of the vital energy, if announced by symptoms, is owing to softening, or invasion of the hæmorrhagic attack. If not attended by symptoms, it seems to me utterly imaginary and unnecessary, in presence of morbidly friable vessels and the co-operative cardiac lesion." This sentence puzzled us. After long consideration, we fancied we could make out what the author meant us to understand, but we again indulged ourselves by saying, "great cry and little wool."

Once landed at the chapter styled "Diagnosis of Cerebral Hæmorrhage," we again took heart, but lost it again when we came to the sentence, "A patient may suddenly stagger, and fall, and die almost instantaneously, in very rare cases; but more commonly he becomes soporose, and gradually merges into coma."

How a patient could die in rare cases and more commonly merge into coma, we could not understand. Being unwilling to be too captious, we went on, noting, as we did so, the frequency with which *or* and *may* were used, and came upon the sentence, "In our present state of knowledge, it is impossible to localize cerebral extravasation (it costs an effort not to italicize some

of the author's words), or always to affirm positively even that hæmorrhage has occurred."

On reading this we growled, "why, then, talk of diagnosis in a chapter ten pages long?" Nor were we consoled when we were told on its penultimate page of an aneurism being the size of a *boss* or *taw* (the italics are the author's). We certainly have been schoolboys ourselves, and played at "bos and span," and shot with "taws" and "alleys," but our "bosses" varied greatly in size, and sometimes many small "taws" would be given for a big "boss." We are then just as ignorant of the size of the aneurism as if the author had told us that it was the size of an apple. Hoping on against hope, we came to the treatment and found it "full of uncertainty," and after wading through ten pages devoted chiefly to the opinions of others, we came to the final sentence: "In conclusion, it may be broadly enunciated that the great points in the therapeutics of cerebral hæmorrhage are to diagnosticate between oppression and depression, and to avoid the *nimia diligentia medici* without drifting into expectancy." This fairly took our breath away, to find that *diagnosis was a means of cure*, was beyond a joke.

We then "tackled" the chapter on Prophylaxis, one of ten pages in length, and found that the whole pith of it was comprised in about a score of lines, amongst which we could find nothing but the merest common-place.

After this we put down the book and refreshed ourselves by practising a few "breaks" on a billiard table, during which we occupied our mind by thinking "what were the doctrines which the author thought extreme, and what were the conclusions which he launched on the troubled sea of controversy?" We really could not find out what they were.

As our thoughts began to shape themselves, we gradually came to the following deductions for ourselves:—

1. The author has been a very diligent reader, and has been somewhat discontented with the discrepancies he has met with in various authors usually looked up to as authorities.

2. He has become more discontented when he has tested for himself the opinions and practice of some of those he has been taught to honour.

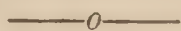
3. He has not yet learned to have a definite idea of his own, and such as it is, it has vacillated during the process of "composing a book."

4. He has at some period of his career been asked in an examination "what do you mean by apoplexy? What are its symptoms, diagnosis, prognosis, treatment, and prophylaxis?" And not having time for answering this in the usual way, he has done so by writing a treatise. As an answer to the sup-

posed academic question, the book is first-rate. As a contribution to the science of medicine it is naught.

Though saying thus, we feel kindly towards the author; there is much good stuff in him, although he clokes it by the attempt to robe it with fine writing. If for the next two or three years he will use the microscope assiduously to brain tissue, cerebral capillaries, systemic arteries, hearts of all kinds, kidneys of all shapes, hues, and sizes, if he will carefully note all the cases that he sees and hears of, keep a record of what he has himself seen and learned, and never open another medical book until he has been able to frame some independent idea of his own. and then only *quote* them sparingly; if he will determine never to write an essay until he has a definite notion of what he wants to demonstrate, and a clear idea of the steps of the process he intends to go through, he will write a work so far surpassing his present one in value, that he will be glad to recal the latter if he can.

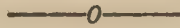
We remember to have seen some time ago a paper in the *Cornhill* entitled "Success," in which the writer pointed out how painful sometimes was the "point" which "shunted" a young author from the line leaning to "twaddle," to that going to "sterling" or to "greatness." He told his readers how he had once turned that point for a train, and how his work was as painful to himself as it was disgusting to the "convoi," yet when the carriages did reach the goal of fame, the engine-driver thanked the pointsman for his violence. We hope, nay we believe, that in the preceding remarks we are doing much the same sort of thing; at any rate we think that we are really trying our best to send a worthy author on to a far better line than he has already chosen.



On the Rational Employment of Mercury in the Treatment of Syphilis. By Dr. COLOMIATI MEREDYTH. Pp. 41. Hardwicke, London.

THE first half of this pamphlet is taken up by a short history of syphilis, from the time it first appeared at the siege of Naples in the fifteenth century to the present time, and of the various plans of treatment to which it has been subjected. After speaking of Guaiacum, Iodide of Potassium, and other non-mercurial remedies, the author discusses mercury, and we do not come to any "conclusion" until we reach the twenty-ninth page, when we find the author's opinion to be "that at the period of the primary symptom a mercurial treatment is not indicated." The next page opens with the state-

ment "there has always been great diversity of opinion concerning the amount of mercury to be taken and the length of time it is to be continued," but we look in vain for a solution of the difficulty. After reading through the whole and asking ourselves "what the book is about?"—our answer would be like that of the Divine, who when asked the same question respecting a certain sermon—replied,—“that is just what the discourse was, it was about and about and about.” We may be wrong, but we think we can put in three lines more about the Rational Employment of Mercury than the author has put into forty pages. Use the drug in indurated chancres, and syphilitic eruptions of the skin, but in every case try to find out the smallest amount which will effect the purpose desired.



Sore Throat, its Nature, Varieties, and Treatment; including the Use of the Laryngoscope, as an Aid to Diagnosis. By M. PROSSER JAMES, M.D., Senior Physician to the City Dispensary, &c., &c. Second Edition, illustrated. J. Churchill and Sons.

This is a sound practical little work, without even so much as a trace of the book-making puffery of the age we live in. The author's style is clear and forcible, easy but not commonplace. Although scolded for this same style, as "fine," by the *Lancet* we are glad to see that the author in this, the second edition, has had the sense to prefer his own taste to the unaccustomed judgment of his reviewer. We say unaccustomed, not so much with the supposition of want of practice on the critic's part, as of the rarity of such books being presented for review. Every one unconnected with the little coterie which conducts the periodical alluded to, knows full well what he has to expect, if he dare to rise above commonplace in his style or manifest intelligence which would leave his professional rivals at a considerable distance beneath him. After the perusal of the book before us, we are not surprised at the indignation of the diletante physician who probably reviewed it. At page 33, discussing antimony, mercury, and purgatives, Dr. James says:—

"Unless we would reduce ourselves to the utter helplessness of the expectant school, or delude ourselves with dreams of infinitesimal potentialities, let us not discard agents because they are powerful. Poisons!—we are told, potent poisons! be it so. The more deadly the poison, the more certain I am that its effect will be produced. If the action of that poison can be regulated, and in certain conditions prove beneficial, let who will deride, science has helped me to get life from death, 'meat from the eater,' medicine from the poison."

And again, page 106 :—

“ It is the author’s belief that the evidence of successful practice by high authorities for a long period, is too great to be easily overturned ; that there are diseases from which a chance of relief is cheaply purchased by all the ill that can accrue from the most heroic practice, provided of course, it be as skilfully conducted, as by the great men who have passed from us, but whose deeds remain to this day ; and that we are not justified in neglecting any means of saving lives intrusted to our care. He would indeed require strong reasons for a resort to strong remedies, but he is equally indisposed to forswear anything which has ever proved useful.”

Admiring his manliness, we are almost frightened at such temerity ; expectant school, indeed ! Does not Dr James know that the acme of excellence in practical medicine now-a-days, is to steer one’s patient through the rocks and quicksands of his disease with the least possible physic. This is not only the fashion (to deride which is almost blasphemy), among the rising generation of doctors, but a matter of immense importance to themselves. In a science which is never exhausted by the longest life, and never learned by the most capacious intellect, of two men of equal powers he will be the better, who has had the greater experience. But to depend upon nature and write prescriptions to save—appearances, raises the man of three to the same level with those of thirty years’ experience. Think of the time and patience necessary to acquire a knowledge of the uses of the mildest drug, and to compel the expectant school from their own responsible observation (the only way) to acquire the skill to handle calomel and antimony would be—murderous. How much easier is it for me to sneer, *omne ignotum pro malefico* (to alter the quotation), than to learn. How much easier is it for me to confine my prescriptions to quinine and iron, and thank Heaven that I am not as one of those poisoners who attack disease, the most unnatural thing in the world, by making their patients swallow the most unnatural concoctions. But seriously, after an acquaintance with the practice of a generation of the London College of Physicians, we declare that no one in our recollection has acquired a lasting celebrity, who has not mastered the use of what are contemptuously styled, heroic remedies, and been able skilfully to apply the antiphlogistic treatment.

Our author has other peculiarities the rarity of which *may* endear him to the few, but *must* always make him (until the recognition of his position is so general as to disarm criticism), hated by the many. Logical minds abhor losing themselves in myths, or nonsense. Dr. James likes to call a spade a spade ; and on the contrary he objects to words without exact meaning. When he meets with a fact which he cannot explain, it is no satisfaction to him to flourish some high sounding words which carry with them no real ideas. In discoursing upon the inte-

resting relation which subsists between the skin and mucous membrane, he says :

“ A chill, a suppressed perspiration, any interference with the cutaneous function, is an every day cause of bronchitis, cynanche or some other disease of the mucous membrane. A hundred instances will occur to the reader. Such things have been put down as sympathy. The exact meaning of the word in this connection has not been defined. It is probable that teachers and pupils, in using it, have generally lost sight of the grand principle, that these similarities depend on textural likeness.”

Not that he objects to the existence of sympathy between distant organs, for he was the first to point out the frequency with which the tonsils and ovaries simultaneously suffer, how often irritation in one is accompanied by irritation in the other ; but he evidently in seeking for causes prefers the near, simple and plain to the misty, far off, and obscure. He looks with suspicion on far-fetched explanations. He would prefer not to believe that the exudation of diphtheria consists of vegetable growths.

M. Berg of Stockholm, as our author informs us, found the sporules of the *oidium albicans* in the exudative stomatitis of children, and this was confirmed almost generally by other observers. Hence arose a possibility that perhaps all exudations consisted of cryptogamic vegetations. Dr. Laycock, of Edinburgh, meeting with a case of diphtheria, in the exudation of which the same vegetable growths appeared, jumped to the conclusion that diphtheria was caused by the presence of the same fungus. But Dr. James's intellectual stomach is too delicate to digest so coarse a conclusion. Every one agrees in proclaiming the fact of diminished vital energy in diphtheria. Decaying, dying, or dead animal matter is a famous nidus for the reception and growth of inferior organizations. That children should have vegetable growths in their dead exudations, is no more a proof that the exudations of adults must even contain, much less consist of the same, than that because some of the ailments of children are referred to intestinal worms, similar symptoms in adults should be ascribed to the same cause. Children in fact, have less vital energy, and hence are more prone to parasitical diseases than adults. We, ourselves believe that exudations are never caused by vegetable growths, but that they are a fitting nest for the reception and growth of the minute sporules floating in the atmosphere ; that they are more frequently found in children, than in adults, is only saying, that with less vital energy children are more apt receivers and supporters of parasites of all kinds than adults. Dr. James with great care and caution concludes—

“ That in some forms of exudative inflammation, the secretion assumes a character very favourable for the growth of the *oidium albicans* ; that this fungus may appear in almost any exudation ; that in stomatitis, its sporules seem to compose almost the whole membrane, and their presence is so con-

stant as to constitute the disease ; while in other exudations, vegetation is only occasionally present."

In describing the exanthematous sore throat, Dr. James suggests the possibility that "the exanthemata are one in essence, but modified by the conditions under which it is developed."

The sore-throat is common to all ; the rashes sometimes appear to mingle with each other, especially scarlatina and measles so that two physicians may call the disease one or the other, with equal reason for the classification. He believes that the appearances of the skin, and mucous membrane in scarlatina are identical in nature, modified only by the tissue in which they are situated.

He calls attention to analogies between affections of the skin, and mucous membrane in other diseases ; as an example of the vesiculæ attacking mucous membranes, he describes an herpetic cynanche sometimes extending from the lips, herpes labialis sometimes commencing in, and confined to the throat. This affection, vesicles or red patches, at first transparent, afterwards opaque, corresponds with the affection of the skin, in being more painful when the vesicles are broken, and being aggravated in intensity by any irritant, especially caustic.

Cutaneous hæmorrhages have their counterpart in the mucous membranes, and pustular disease and pruritus attack both.

If we were to attempt to select all the little excellencies which make Dr. James's book a practical compendium of throat disease, we should extend our notice beyond the space allotted to us. There are faithful descriptions of inflammations of the tonsils, pharynx and larynx, whether acute, subacute, or chronic ; ulcerative, suppurative, or gangrenous, oedematous, indurative, exudative, or syphilitic, with a chapter on clergymen's sore throat. But he would be scarcely worthy the praise we are anxious to bestow upon him, if his book contained no more than truthful descriptions of disease and practical deductions therefrom. Some men acquire a wonderful skill in diagnosis, instinct we had almost called it ; they can hear, see, and feel, but the moment they begin to treat diseases, they run into all sorts of vagaries, their common sense deserts them. Dr. James is not one of these, his common sense accompanies him throughout. He does not seem to have a hobby to ride to death : although he was the first to use reflected light in examining the throat (so far as he knew*) and to point out its uses before any English author, he does not degrade his profession, by unduly exalting instrumental diagnosis. On the contrary he specifies very fairly the comparatively few cases in which it is serviceable, and utters a warning against neglecting general symptoms in the eager investigation of local phenomena.

* Dr. Babington was the originator of the laryngoscope.

"All the modern improvements are to be had recourse to, but this must be as additions to, not as substitutes for the resources of former times." Page 31.

We have often heard those members of our profession sneered at as eclectics, who ignoring any particular system of therapeutics, evacuate, neutralize, derive from, or stimulate according to the object which their theory of each case of disease seems to point out. But, in our humble opinion, such practitioners are worthy of all praise, for is it not our sole business to relieve suffering and prolong life? Which is the more commendable to practise *secundum artem recentissimam* unsuccessfully, or to cure disease in defiance of all rules and regulations? Truly, it seems to us that the stupidest and most mischievous error we doctors are liable to fall into, is the slavish adherence to modes of treatment invariably unsuccessful, however strongly they may be recommended by authority or sanctioned by fashion.

Dr. James thinks that the treatment of laryngitis would be more successful if we relied less on the antiphlogistic treatment and more upon sedatives; the inhalation of steam impregnated with anodynes as opium; chloroform in small quantity on a sponge held to the mouth; ice retained in the mouth; warm and vapour baths; keeping the patient in an atmosphere heated to a high temperature whether dry or moist; rest from speaking; early tracheotomy. The sedative treatment of laryngeal inflammation is certainly worth a trial. We remember a case of an infant of about three months to whom, in mistake, three grains of opium were given in twelve hours. The result was a sleep of twenty four hours and the cure of the malady.

In diphtheria, Dr. James recommends all depressing remedies to be avoided and the stimulant treatment to commence with the commencement of the attack. Stimulant emetics, mustard, copper, and ammonia with senega; or, where a decided stimulant does not seem so imperative, salt, with every form of nourishment ingenuity can devise, wine, bark, quinine, &c. As local measures, nitrate of silver, and copying Bretonneau, strong muriatic acid are advised, and as an application incapable of doing the mischief of these, but probably quite as efficient, a strong solution of salt, brine.

Mr. Hill Smith of Stevenage, who has had to treat, probably, the severest epidemic of diphtheria in England, recommends the treatment to commence at once with large doses (fifteen to thirty minims) of the tincture of the sesquichloride of iron in water three or four times a day, and the fauces to be freely and frequently swabbed with the same tincture undiluted. This, with plenty of nourishment and stimulant, we can recommend as a most simple and efficient mode of treatment.

In ordinary inflamed sore throat, Dr. James highly commends

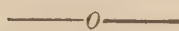
single drop doses of tr. of aconite three or four times a day for several days, or doses of from two to five minims for a few doses. Page 36.

"After a few doses" says our author, "sometimes after a single one, its action is observed. The pulse is reduced in frequency and power. In some cases the power is increased, the frequency diminished. The skin becomes relaxed and bedewed with a gentle perspiration. Nervous irritability and excitement are allayed, a calm comes over the patient, and often sound sleep returns after a long absence. The pain is relieved almost as certainly as when it is locally applied for neuralgia. Clearly, then, it is a valuable sedative, exercising a marked influence over the heart."

He gives, in the appendix, several cases of inflamed and exanthematous sore throat cured by aconite.

To our author the credit is due of being the first English author who pointed out the uses of the laryngoscope. The first edition of the book before us appeared in December, 1860. This credit was assumed by Dr. Gibb in October, 1863, who called his pamphlet on the subject "the first that has appeared by an English author." But Dr. Gibb had served Dr. Walker of Peterborough in the same scurvy manner, by ignoring an operation which he had described in the *Lancet* for November 1861. Whilst medical men continue to do these paltry self-seeking actions, is it to be wondered at that the public should have a low esteem for the profession of medicine?

In conclusion, we cordially recommend the little work for general perusal, because it is full of faithful and clear descriptions of disease and hints on their nature and treatment, remarkable for their sound, practical, common sense.



Idiocy and its Treatment by the Physiological Method. By EDWARD SEGUIN, M.D., 1866. New York, William Wood and Co. London, Trübner and Co. 8vo. Pp. 457.

THIS is a really good book. It contains a most careful history of what has been done by physicians and philanthropists up to the present date for the benefit of idiots, and for their training and development. Dr. Seguin has a table in the beginning of the book showing that he has consulted forty-six works on Idiocy, besides carefully perusing the literature of the subject which appears now and then in the medical papers. We have to thank our American friends for many excellent works. We consider their books are eminently exhaustive, for Americans never step forward from the ranks of medical practice and come to the front in medical literature, unless they have really something useful and instructive to add to our stock of knowledge. The exigences of life are not so great in the United States. There is a vast field

for medical and surgical enterprise, and the doctors are not obliged to crowd out their brothers, neither are they obliged to write vapid and unmeaning books as advertisements for practice, as not a few in the old country are obliged to do. The book is got up in first rate style and it does Messrs. Wood and Co., great credit, as, indeed, all their publications do. Good paper, clear type and neat press work and binding make even a bad book readable, and when a good work is placed before a reader in a capital dress, it adds amazingly to the chance of its being perused.

After the preface and the lists of works that have appeared up to date, he gives an introductory general history of the subject—1st. The Origin of the Methodical Treatment of Idiots. 2nd. History of the Physiological Method of Education. The book is then systematically divided into sections as follows: Part I. Idiocy. Part II. Physiological Education. Part III. Moral Treatment. Part IV. Institution. Part V. consists of an appendix of interesting cases. This portion bears the same relation to the preceding part of the book that clinical instruction bears to the disquisition of the lecture room. Dr. Seguin says: The present time seems particularly favourable for the writing of a book embodying: 1st. Our present knowledge on Idiocy. 2nd. The method of treating idiots. 3rd. The practice of the same. 4th. An outline of the directions to be given to the scientific efforts of the friends of idiots, and of the apostles of universal education. The following remark is worthy of attention, as shewing the perseverance of the author. "Deprived of language by voluntary change of nationality, and engaged in the fulfilment of private duties, we did not take our share in the treatment of idiots, in this Republic; but we were never distant from the subject, and we re-entered it as soon as circumstances permitted." A Frenchman by birth and education, he has had the advantage of studying French literature with the facility of a native, while his long residence as a citizen of the American Republic has rendered him equally conversant with the English literature on this important subject. The text has been revised by his son, to free it from any Gallicisms. We will make a few extracts from the chapter on treatment, which will perhaps be the most acceptable to our readers. To the numerous physicians engaged in the study and practice of mental science nothing short of perusal of the book itself will suffice. We will divide the treatment into Physiological Education and Moral Treatment. The expression a "born idiot" is common enough, and it expresses the popular belief that idiocy is co-existent with nativity in a forcible and trite manner, a truth that science cannot refute. The practice of marrying in and in, as it is termed, which at one

time even in our own land in country districts was not uncommon, has disappeared with the spread of railways, but in the Alpine districts of Switzerland this practice has not been discontinued, therefore idiocy and cretinism are still very rife in those districts. "But," Dr. Seguin tells us, "idiocy is not all endemic or hereditary. We have seen it creep out from the couch of the young, of the healthy, of the talented as well as from that of the lowly or of the vicious. Young men and women qualify for all sorts of social and scientific attainments, and disqualify themselves for the task which ranks us with the gods. In one class the privations are suffered particularly by girls and newly married couples; in other classes, stimulants of all kinds are used nearly from infancy, instead of being kept as the solaces of old age. Intellectual or business excitement has taken possession of both sexes; a young woman with child has to contend with social difficulties, as if she were not engaged in a labour which requires all the resources of her constitution, supposing she has any. These exactions, of food from the ill-fed, of strength from the weak, of innervation from the enervated, in favour of the future being, do not seem rational, and, are too often followed by the ruin of the mother's health, and by the moral or physical crippling of her child. How much more sensible it would be, for young couples to try to live according to hygienic rules, to keep the pregnant woman in comfortable conditions, without anxiety, with an abundance of substantial food, with air for two, night and day, sooner than to act as if relying upon the wisdom of the embryo to feed himself out of no food, and to keep himself unmoved amidst the emotions of the mother. This is not to say that idiocy depends exclusively upon voluntary circumstances; some accidents may be prevented, some not. Hereditary affections and nervous disorders transmissible in some mutable form, accessory diseases accompanying pregnancy and destroying the powers of nutrition, such a disordered appetite for unnutritious food and drink, vomiting, costiveness, &c., cannot always be counteracted by professional interference; but in such cases the skill to correct disordered functions, to prevent steady impressions and sudden shocks, is the highest attainment of our art."

The importance of judicious infant feeding is then touched upon, but we do not see in Dr. Seguin's views anything that we are not already acquainted with from the very excellent work of Dr. Routh, of London, on this important subject. It stands to sense that if infants are improperly fed no proper growth can take place, and a result is obtained to which the term "misbegotten" is not infrequently applied. Most infants, even the offspring of weakly mothers, or of mothers who have been ill-fed, or who have suffered say from exhausting disease, are

nevertheless born into the world moderately healthy. The body of the mother is absorbed for the growth of the infant within her. Up to the date of an infant's birth, it has a good chance of being healthy, saving in those unfortunate exceptions, the causes of which Dr. Seguin so eloquently points out. But from the moment a child is born into the world it has a host of enemies, wolves in sheep's clothing. It has, in ten cases out of twelve, unknowing and unwitting enemies in its nearest and most loving friends. The fathers of England can breed pigs and horses and cattle, and can wax warm at agricultural feasts in the advocacy of their common sense treatment of their flocks and herds. But the rearing of their own children, the fruit of their own loins, is a sealed book to them, and the mothers of England, through a shame-faced delicacy which descends from mother to daughters with reference to their procreative functions and the nursing and rearing of their offspring—are entirely ignorant of the most ordinary and palpable necessities of their infants. The mothers are thus left to the tender mercies of monthly and other nurses, and to the *ipse dixit* of any old person who has managed in a muddling manner to drag up a family of children in the face of common sense and ordinary intelligence, and whose sole ideas centre in bottled porter for the mother and castor oil or grey powder for the infant. Volumes have been written about the deterioration of race, and countless worthy folks have banded themselves into associations for promoting Social "Science." Ladies have become clever authoresses, learned military doctors, expert telegraph clerks, and in a host of ways have shown triumphantly their powers of mind. We cannot help feeling that if ladies were to think a little on the "rearing of children," coarse and vulgar as it may sound, it might prove more advantageous for the preservation of England's strength and the development of her colonies, than the wrongs of the blackamoor or the language of flowers. The reviewer is not speaking at random, but from a text of facts which is better than fine writing, and more precious than fine gold. The *Lancet* has been eloquent for the redress of the wrongs of paupers, yet at that time its sapient conductors were unfriendly to the medical education of the females of the kingdom. We thought otherwise, and we are glad to see that the *Lancet* has changed its note. We feel confident that in the proper instruction of the female population in the physiological processes of their bodies, and in common sense rules for the rearing and management of their children, as much may be done for England's future as by the best commercial treaty that our wisest financiers could arrange. It is with this feeling that we wish the Female Medical College in Fitzroy square every success, and commend it to the care of every honest lover of his country.

We will now return to Dr. Seguin's book. He says as regards the moral treatment of the idiot children: "Those alone who love them are their true rescuers. The men who pretend to treat idiocy with talent, erudition even genius, may find the appreciation of their Utopianism in these words of St. Paul: 'Though I speak with the tongue of men and of angels, and have not charity, I am become as sounding brass, or a tinkling cymbal; and though I have the gift of prophecy and understand all mysteries and all knowledge, and though I have all faith, so that I could remove mountains, and have not charity, I am nothing.'" Dr. Seguin is a worthy disciple of John Conolly, and a worthy colleague of those highly gifted Christian men, who form the Pschycological association of the kingdom. There may be some superfine mediocrities among them, as there are many such among the superfine specialty hunters in all branches of the medical profession, yet the lustre of the good deeds of the "working men" of our asylums, eclipses the feeble crotchets of the few.

The physical treatment is spoken of under the heading Institution. Judicious alimentation is concisely described. He says: "They must be fed, not filled," to produce by nutrition the desired force. The first task for the superintendent will not consist "in showing to the pupil letters that he will not look at, but in generating by food and hygienic measures a given force to be spent and renovated in increasing ratio. This is the A B C." The physiological treatment occupies 132 pp. of Dr. Seguin's excellent work. It is a most philosophical chapter, and it shows how the subject of physiology, which so often bores the student from the long-winded prolixity, and tedious minuteness of some professorial hack, can be turned in the hands of a clever man into a living and useful science. Unapplied science is like the dead leaf, while applied science is like the young shoot in the budding spring.

Dr. Seguin teaches these imperfect beings through the touch, the sight, the hearing, and he gives numerous illustrations, and enumerates his various means and adjuncts to the happy end of developing a happy and contented creature from the sadly imperfect mental chaos of the "natural." That a mysterious modification of placental nutrition, holding some peculiar, although unknown relations to *maternal impressions*, certainly exists, cannot be disputed; and he maintains that it is the cause of the "born idiot." As proofs of this, Dr. Seguin tells us that: "Impressions will sometimes reach the foetus in its recess, cut off its arms and legs, or inflict large flesh-wounds before birth." An extraordinary case of defective fore-arm, the consequence of a maternal impression, is given to the readers of the *MEDICAL MIRROR* in the current number, by Dr. McDonnell, of Stoke

Newington—a case which fully bears out Dr. Seguin's views as to the extraordinary relation between the growth of the foetus and the impressions of the mother.

We have lingered over this most interesting subject, and are loth to shut the book. We have perceived with unfeigned pleasure the vein of unaffected Christianity which pervades Dr. Seguin's work. It vindicates triumphantly the fact that there is nothing in Christianity that is incompatible with talent.

THE EDITOR'S LETTER BOX.

"De omnibus rebus et quibusdam aliis."

SPECIAL NOTICE: CORRESPONDENCE.—*It is distinctly to be borne in mind that we do not, by inserting letters, convey any opinion favourable to their contents. We open our Correspondence columns to all qualified Medical men, without favour and without hindrance, and thus supply a channel for the publication of Medical Opinion, to be found in no other Medical Periodical in the Kingdom. Many leading Medical Men agree with us in believing that difference of opinion is better settled by dispassionate, just, candid and free discussion than by an illiberal exclusion of all views, save those held by the Working Staff of a Journal. We hope by this liberal policy to retain for the MEDICAL MIRROR that high position, which, as the only London Monthly Medical Review, it naturally occupies. We thank our Professional brothers for their continued confidence and good-will, and we trust by their independent co-operation to convince the Public that the noble Profession of Healing has for its object,—not the selfish interests of a Class,—but the attainment of the Truth, and the welfare of a common Humanity.*

SOUP KITCHENS v. HOSPITALS.

To the Editor of the MEDICAL MIRROR.

SIR,—Your remarks on Soup Kitchens, in the *Journal of Social Science*, at page 624 of the MEDICAL MIRROR for October, induce me to offer a few suggestions on the subject.

In the first place, I beg to express the satisfaction I feel at finding that such important, but much neglected, matters as food, cookery, and nursing, are beginning to have their proper share of appreciation by medical writers; for it cannot be doubted that they are, one and all, potent, if simple, aids to recovery; and, therefore, they are to the physician most valuable agents in the sick-room. Not only that; but if the great importance of dietetics were more fully and more generally recognised, a vast amount of sickness and misery might be prevented, and a more healthy, even robust, population would be the result.

You very truly say that, "if a system of soup kitchens could be established on a large scale, the work of the hospitals would

be very much lessened ;" even so, for a well nourished people would be fortified against sickness, which strikes down the feeble frames by thousands.

Now, it should be considered that good food, by which is meant proper, wholesome food, is not so much a matter of cost as of economy ; all classes are most improvident and ill-informed on this interesting and important subject. The poor, when they have the means of laying in provision of any sort, usually buy it at the dearest rate, and the rich are most wasteful and extravagant in the matter. A knowledge of cookery and domestic economy is most needful to all, but especially so to ladies of households ; for not only would their own families be more likely to be well-fed—which is impossible even with the best materials badly cooked—but they might become teachers of their poorer neighbours in the art of cooking and management. Moreover, the poor man's fare might be made much more nutritious by means of contributions of the fragments which are too often dishonestly disposed of, or wantonly cast away. As we are told that "we shall have the poor always with us," it becomes a duty to make provision for them in the best way we can ; and your suggestion respecting soup kitchens is very seasonable ; for as the winter approaches, we cannot but think of the ill-fed, ill-clad people, who are doubly "starved" in bitter weather, and whom to feed is to warm, even when other comforts are scarce.

A soup kitchen ought to be set up in every district during the winter months, and it might be systematically supplied with contributions from the kitchens of well-to-do families in every locality.

But I must not trespass further on your space ; it is sufficient to suggest the idea, in order that your readers may know and appreciate the principle of ECONOMY set forth—*i.e.*, "economy" of food-material, "economy" of health ; and health is wealth to the nation. I should be very glad to find my suggestion elaborated by a medical pen in an early number of your Journal, and I am, Sir, yours obediently,

M. A. B.

MEDICAL OPINION.

"FORWARD!"—*Blücher*.

The great demand upon our space makes it difficult for us to glean from the heaps of papers and magazines which all record so much of interest—the most interesting and the most important matters. We had intended to give some long extracts from Professor Gairdner's Introductory Lecture at the Sessional Opening of the Glasgow University, but we have no space left. We must content ourselves by saying that a more able and an address

combining at once medical knowledge and the literary and scientific accomplishments of an accomplished "gentleman," it would be difficult to find. Comparisons would be out of place, therefore we will not compare any London Magnate's address with that of Professor Gairdner, but we must needs tell those in the metropolis who think they hold—(like St. Peter's successor is said to hold for the Church of Rome)—the keys of the Medical Profession, that they hold no such thing. Many professors like to see their students meek worshippers at the learned shrine presided over by the ministering professor. Professor Gairdner is not one of this sort, for the key-note of his eloquent address is well epitomized in the short saying, "*Acknowledge no man, master!*"

True medical progress can only be obtained by every student of medicine using that common sense with which a beneficent Creator has endowed him. We are glad to inform our readers that the *Glasgow Medical Journal* for the current month will contain Dr. Gairdner's most interesting and most instructive opening address.

In Grævell's *Notizen für Praktische Aerzte*, we observe a case that will interest some of our readers. It bears on the question whether clitoridectomy does or does not remove sexual feelings. We gather, in a very clear article by Professor Braun, of Vienna, the condition of the female organs where vaginismus and other female disorders have caused the unhappy victims to use excessive "selbstbefriedigung." The "penis-like" clitoris, the "cutis-like" covering that seems to take the place of the ordinary mucous membrane; the extraordinarily easily aroused sexual feelings (by the simple friction of the clothes), all receive in graphic words (which call a spade a spade), the Professor's best attention. Certainly it could be good for no one to undergo the intense excitement on such slight grounds that the unhappy female evidently suffered who came under the learned notice of this grave Professor. The Professor used a "galvano-caustische" écraseur, and he was astonished to find how very sensitive the female was to the operation of amputating the clitoris and nymphæ, although she was under chloroform. It does not strike us with much astonishment, for if men were caught in a similar manner in a surgical rat-trap, they might also find it more scientific than pleasant. The Professor goes on to inform us that his patient made a good recovery. She no longer suffered from the frightful condition almost resembling nymphomania, that she was formerly a perfect martyr to, and last, but not least, "Der coitus wird mit demselben Wollust-gefühl vollzogen wie früher." This is satisfactory to the woman's husband at any rate. We own that we think an indiscriminate "clitoridectomy" might materially injure the matrimonial prospects of women, as no man cares for damaged goods, even if the damage has not been sufficient to "unsex," or cause a condition for which we can coin no other name but a "female eunuch."

The *New York Medical Journal* occupies itself, among other things, with self-induced abortions. Dr. Storer has already written a small book on this subject, and he now writes articles on the same thing. According to him, the better classes are addicted to this sin. Some of the ladies say that doctors assist them. Dr. Storer says the doctors don't assist. Auscultators, in another article, are informed that a membrane at the bottom of their stethoscope helps the carrying of the sound, while it hinders the patient from feeling the hard edges of the instrument. Anybody can moisten a bit of a pig's bladder, and apply it tightly over the end of a stethoscope. When dry it will be as tight as a drum, and it will be fit for use.

The *New York Medical Record* is a very good paper, which is published fortnightly. It is a little larger than our *British Medical Journal*. American physicians are a good deal interested in laryngoscopy at present. Our day at this has gone. The endoscope is now the "newest thing" in England, although old enough on the Continent

The *Pharmaceutical Journal* is really a capitally conducted magazine. The dreadful mistakes that are occasionally made by the slipshod dispensing arrangements that many medical men still permit, ought to prove to the Medical Council that a practical course, similar to that enjoyed by the pharmaceutical students, is a *sine quâ non*, without which the lives of the public cannot be considered secure. The *Pharmaceutical Journal* ought to be on the surgery table of every practitioner, and of every worker in the field of medicine.

The *Journal of Mental Science* gives the very able address of the learned and much-respected Commissioner in Lunacy for Scotland :—Mr. W. A. F. Browne. The latter pays in it a just tribute to the memory of the late John Conolly. Whether colossal asylums, or small cottages should be used for insane patients, is now occupying a good deal of attention in the “mental disease” world. Dr. Crichton Browne, who is the superintendent of a large Government asylum, in Yorkshire, does not seem to approve of the Gheel system, and as he brings some very conclusive facts forwards, we must say that we consider he had the best of the argument at the meeting of the mental science pundits in Edinburgh. Dr. Maudsley, of the *Mental Science Journal* supported the Gheel system. We do not know whether Dr. Maudsley has ever been at Gheel or not. We only know that Dr. Maudsley’s views are not those of the late John Conolly, and of the two, as yet, we must consider John Conolly the best judge.

The *Edinburgh Medical Journal* has a good case of Elephantiasis of Scrotum removed successfully by Professor Syme. Mr. Syme first of all explored for the penis and testicles. Having got them safe “in hand,” he took away the enormous growth. He states in his narrative that he had seen Mr. Liston perform this operation once, and that both “penis and testicles” had been cut away. Mr. Syme is more conservative. A most excellent woodcut accompanies M. Syme’s narrative.

The *Glasgow Medical Journal* contains some good Original Communications, one by Dr. Russell on the “Logical use of Hospital Statistics,” which, though good and useful, doesn’t look a very interesting article. However, there can be no manner of doubt that statistics often lead scientific folks astray, and therefore Dr. Russell’s careful essay ought to receive most diligent attention. Dr. Leishman gives an account of the “Treatment of Acute Rheumatism, by Blistering.” In our opinion this is another way of saying, leave the disease to nature, and give the blisters the credit of the cure. We may be wrong, for certainly this blistering system has an able advocate in Dr. Davies of the London hospital, whose opinions are not to be despised.

In Dr. Lankester’s *Journal of Social Science*, M. A. B. has a few earnest words on “Women’s Dress.” Certainly some ladies seem to forget the injunctions of St. Paul. M. A. B. views the subject in its highest aspects :—viz., those of morality. All Christian men will agree with M. A. B. in her modest and sensible remarks. Even from the lower stand-point of sanitary science, the present semi-nude, if fashionable modes of attire are most objectionable.

The *Monthly Homœopathic Review* certainly uses more italics than any journal we are acquainted with. We suppose sensational headings and italics run in couples. We notice an article called “Coals of Fire,” in which a magnanimous homœopath triumphs over an illiberal allopath. With every wish to understand Homœopathy, we cannot for the life of us, make out where the *Vix Medicatrix Naturæ* ends, and Homœopathy begins. We were thinking that perhaps as good a way as any, with a view to find out the mysteries of “homœopathy,” and where the magic line between it and “allopathy” must be drawn, would be to give a clinical case, with the indications (as far as our allopathic wisdom goes) for treatment. We would then ask our homœopathic friends to give us their views and the treatment indicated by their doctrines.

SURGICAL OPINION.

"SEMPER PARATUS."

The London Surgical Home.—There are so many hospitals and dispensaries in London, that the general practitioner, when on his short and occasional visits to the metropolis, has difficulty in determining which shall receive his attention. We are glad, therefore, to be occasionally able to act as a finger post for our kind country friends, to whom we say :—The London Surgical Home should not be overlooked. All general practitioners are obliged to attend cases of midwifery, and every now and then there are unpleasant cases that lead to vesico-vaginal fistula, and many other ills that woman is heir to. The above hospital was founded in 1858, to meet the great want of some respectable place where poor gentlewomen could find a comfortable home, while the various surgical injuries and diseases incidental to their sex, are undergoing the necessary treatment. We are glad to see that this hospital is in a most flourishing condition. It is supported not only by the subscriptions of the charitable, but also by the contributions of the patients themselves. This is as it should be, for if people can pay, they ought to pay. People value more what they buy than what is given to them. A healthy feeling of independence is maintained by a system which permits of contribution to the hospital fund by the very people who are reaping the great benefits of the charity. The Surgical Home has another advantage which we think *unique* in its way. It has private rooms for paying patients, at the fixed sum of 2½ guineas per week. This money goes to the general funds of the hospital. The only point that is not in accordance with our views is, that the physicians and surgeons who labour for the benefit of the patients of this flourishing institution, are *unremunerated for their services*. Why should this be? There are many noble-minded men in the profession who would not take remuneration for such services, but there are also many doctors, no less noble-minded, to whose exigencies such remuneration would minister most seasonably. A fixed remuneration for all medical men in public charities would be an unmixed good, and it would not affect those who did not wish to receive such remuneration, for the latter could easily return it to the hospital funds as a donation. If a man works for nothing, his services are considered to be worthless, whereas if a price is put upon his labour, they have a fixed and definite value. We need scarcely say that Mr. I. Baker Brown is the Surgeon-in-Chief to the London Surgical Home; Mr. Harper is his able colleague. We notice among his Assistant-Surgeons the name of his son, who promises to tread worthily in the steps of his father. With Mr. Baker Brown, Junr., as Assistant-Surgeon, are associated Messrs. Chambers and Bantock. Dr. Barrett is the physician to the charity. Dr. Octavius Grosvenor is the house-surgeon. We should imagine that no hospital in London can better prepare a young doctor for the duties of a practitioner than the London Surgical Home. It is, therefore, not astonishing that the paid appointment of house-surgeon to the Home is eagerly sought for. A class of practice is seen which it would not do to open up to the "medical student." We must not judge all by the few who have recently been making exhibitions of themselves at the Police Court, but we trust the committee of the Home will never suffer their special hospital to be visited by any but qualified men.

Mr. Baker Brown's Hospital makes up fifty beds. Two large houses have been secured in the healthy neighbourhood of Stanley-terrace, near St. John's Church, Notting hill. The "Home" is efficiently ventilated by simple and therefore excellent means. The rooms are clean and cheerful, and the private rooms are almost luxurious. We wish the Hospital Committee would make a horse shoe dais for the convenience of the physicians and surgeons whom they kindly permit to watch the instructive operations

that are conducted in their establishment. The plastic operations, for which Mr. Baker Brown has become celebrated, require the diligent minuteness of the anatomist as well as the bold dexterity of the surgeon. It is very necessary therefore, that there should be no hindrance to the view for those who go to learn the art. At our visit, there were about eighteen physicians and surgeons present, all interested but not all comfortable spectators. No trees grow in the operating chamber and chairs offer but a poor substitute for those whose Zacchæus-like stature would indicate a tree. We were glad to observe that an ascending "lift" is in capital working order. The patients are not sent up stairs, but are floated up in the lift. There is no coal carrying, for coals go by the same easy way. Altogether, the Hospital is a model of refined comfort and eminent utility. When we add that the list of subscribers reads like a leaf out of the "Peerage" and that both their Royal Highnesses the Prince and Princess of Wales honour the Institution by their Patronage and subscriptions, and that the Crown Princess of Prussia and the Princess Louis of Hesse are also kind and interested subscribers, we have said enough to prove the high rank which this Institution takes among the many special Hospitals of the Metropolis. It would be out of place for us to comment on the operating talent of Mr. Baker Brown, but we would advise the general practitioner to go and judge for himself. Mr. Baker Brown, judging by his kind courtesy to ourselves, perfect strangers to him, will be equally glad to receive any other medical men on production of their cards. Mr. Baker Brown pretty frequently performs ovariectomy, so that to anyone wishing to see this serious operation, the Surgical Home offers special attractions. When Hospitals for all sorts of complaints, much less serious and much less required, are starting up like mushrooms in every direction, it is refreshing to find that the educated upper classes are still alive to the advantages of a practical, common sense Hospital, like the London Surgical Home. Indeed, where there are such convincing proofs of good work done, and of capital surgical results obtained, this is scarcely astonishing. We are, however, but too well aware that Hospitals often flourish more in consequence of the active business talent of their canvassers, than from any other cause. We wish Mr. Baker Brown's London Surgical Home every success, and trust that the new building may, ere long, show to the profession what the genius and energy of a *quondam* "general practitioner" is capable of accomplishing. It will be a standing monument for the honest "working men" of the Medical Profession.

THE MONTH.

OCCASIONAL NOTES.

———— Mens sine pondere ludit.—PETR.

THE POLITICS OF THE MONTH.

RUSSIA has occupied a prominent position during the past month in the daily papers of the kingdom. The marriage of the sister of the future Queen of England to the future Russian Emperor has been the talk of all the gossips. In these days marriages do not affect politics, so nothing affecting England's political condition can come out of this marriage. England did not do anything for its future Queen's father, and it will not trouble itself about Russia. But of the two, England has more to gain from a firm and unyielding Russian alliance than Russia has. True we have coal, but Russia has men, and it has a vast undeveloped empire. Nobody can say that England is still undeveloped, for our acreage will not feed us. The insurrection in Candia has been but a temporary sensation

at our British breakfast tables, when the damp *Times* has been duly cut and dried. Still there is in Candia's troubles the little cloud which betokens the weakness of the Turkish rule. It is a blot on our Christianity that the Holy Sepulchre should be possessed by the Moslem infidels, and we would be glad to see the Russian banner floating, in spite of treaties, on the Mount of Olives. Prussia has been so successful in her views for the consolidation of "Das Deutche Vaterland," that statesmen see the signs of future war. It behoves us in "merrie England" to see to the recruiting of the Army, which requires a thorough re-organisation in every respect. Military law and military despotism are the relics of a barbarous and bygone age, and like many other institutions of the kingdom, require a thorough reconstruction. It is too serious a matter to trifle with, and therefore we trust the British public will not leave this grave business entirely in the hands of a military clique in the House of Commons. The military though necessary as far as they go, could be dispensed with as a clique in the councils of the nation, as they are usually men with one idea.

As we have already said, the President of the United States of America, and his party in the great Republic:—viz, the Democrats, have been defeated in the Congressional elections. The Radicals have returned the most members to Congress, and so some people—(among whom we may include the conductors of some London papers), were at first inclined to consider that Mr. Johnson was annihilated, and that the American zealots who desired his impeachment for his Southern proclivities, would triumph. At the last moment, however, Mr. Johnson most cleverly made political capital out of the Fenian vote, and by interceding in favour of the Fenian prisoners condemned by the British authorities in Canada to death, succeeded in securing so many Irish and other independent votes, that although he has a minority in Congress, he has shown most triumphantly that the American people are in opinion pretty equally balanced. This was apparent to the most careless observer by the very small majorities by which the Radicals secured the return of their candidates. Those newspapers which at the apparent check in the career of the astute and courageous Mr. Johnson, were already bowing to the rising Radical sun, have had to trim their sails. They have seen that the Democrat, Andrew Johnson, is a fit holder of the first place in the mighty American Republic. They have seen at last that the many scandals noised abroad concerning him, were but a myth and a libel on his truthful honesty of purpose. Surely, the man that left his Southern home, and joined the North, for the sake of an "United" State, may be credited with integrity of purpose. The North now wishes to hold the South as a conquered province external to the "Union." Mr. Johnson consistent to the end, still holds to the Union, and takes his stand against the Radicals accordingly. His presidential message on the opening of Congress, is looked for with eager curiosity by many. Canada with its mineral resources is an important neighbour for the American Republic. and not a few Americans regard it as a necessity for a growing population, and the development of its commerce.

There can be but little doubt that any measure which Mr. Johnson might bring forward, that would appeal to American sympathies, would enable him if defeated in his home administration by a factious Congress, to dissolve and appeal once more to the suffrages of the entire voting population. Thus, with the wisdom of the serpent, and the harmlessness of the dove, Mr. Johnson would triumph, equally with Cromwell, over his opponents, but by a more peaceful and a more constitutional action. The eagles of France have not been able to secure the Mexican throne to their protégé, and unless a policy of honesty is maintained by our legislators and some little generosity of feeling, as well as petty criticism, and unstateman-like trimming is displayed by our press; the Monroe doctrine may prove a more tangible reality than at present we are quite prepared for.

DEATHS IN POLICE CELLS.

No daily paper has, as yet, taken up this subject. We are shocked, every now and then, by observing some such heading in the newspapers, perhaps as a beginning to a meagre account of a Coroner's inquest or as a reason for the non-appearance of a prisoner. Medical men are too much taken up with the petty details of their every day exigencies and with their medical squabbles, to attend to the many great questions of general sanitary reform. Not a few, even of those who have attained professional eminence, and who have some sort of position in the medical world, are too selfish to care for the advancement of their many professional brothers, who have been less fortunate in the battle of life.

The holders of eminent positions in the large hospitals of London forget that if these unpaid surgeoncies and physicianships suit their books and make their professional pots to boil, yet the unsoundness of the principle of unpaid medical service is in no way vindicated by their individual success. Unpaid medical labour, as practised by the best known physicians and surgeons, acts most crushingly upon the great body of the profession. Our great hospitals absorb a few of the "lucky" men of the profession, and as these hospitals are high in public favour, their physicians and surgeons rise in public estimation also, like a drowning man is floated up by the friendly life buoy. It pays them, for people think vastly of the surgeon of a great hospital, in like manner that they read open-mouthed the leaders of the *Times*, although if signed by the writers' own names, and not coming with the prestige of Printing House Square, they might not be quite so awe-struck. The public argues thus:—If the leviathans of the medical profession who roll in their carriages to the doors of our charitable institutions and spend their time in doing good (or harm) for nothing, surely the mediocrities and young men of the profession who come in dirty boots and threadbare coats to the many dispensaries and hospitals of the Kingdom, need not grumble, for their time is worth nothing! This is the argument of the public, an argument which is put into their mouths by the "heads" of the profession, as these latter are fond of being called. The unpaid services of doctors at charitable institutions re-act on our Poor-law system. It gives the Poor-law doctors their beggarly pittance. It keeps our police doctors on low salaries and causes petty vestries to grind the faces not only of the poor, but of the doctors under their command. If doctors are underpaid by their official masters for official medical duties, payment must be looked for from their private practices, and their official duties cannot be properly fulfilled.

It is clearly the duty of a police surgeon to pay, at least, a daily visit to the cells to diagnose between an apoplectic and a drunken prisoner, and to see to the sanitary efficiency of the cell arrangements. Military doctors, who are sufficiently paid, are compelled to visit military prisoners daily, and it is only the small emoluments of the police service which hinders Mr. Walpole from ordering a daily medical inspection of every police cell and every police prisoner in the kingdom.

CLITORIDECTOMY.

The excision of the clitoris is an operation which at the present time is creating a good deal of controversy in the medical world. It is an established fact—which many of our asylum doctors can prove most convincingly—that a weakened mind, including mania and imbecility, are not infrequently caused by sexual excess. It is difficult to say where the wholesome exercise leaves off and excess begins, but common sense will lead to a solution of this problem. A weakened, nervous system and its sequels, insanity and imbecility, may arise from abuse of drink, from

sleeplessness, and from any cause which induces a weak and flabby heart. Dissipation often includes late hours, drink, and sexual excess, so dissipation will often cause dementia. When dementia is established, it then depends upon the proclivities of the doctor to what first cause (in the medical case-book) the disease may be attributed. A red-hot teetotaler will take from the triple cause mentioned in the single word dissipation, the excess of fermented liquors. The late hours and the sexual abuse will go scot free. The man who likes his wine and beer will see the sexual abuse and the want of natural repose. Others, again, believe in none of the above as predisposing causes, unless accompanied by an hereditary taint. When a visitor, whether medical or lay, is taken round a large asylum, he does not see the skeleton in the cupboard. He sees the long corridors, decked with tasteful flowers. He sees the pictures and the billiard-tables. He sees convalescent inmates, reading and writing. He may think, "Is this an asylum or a club?" He does not see the padded rooms, the straight waistcoats, the naked wretchedness of those wild beasts in human form, in whom the body has outlived the mind. The high character of the rulers of our asylums, and the Christain zeal of the painstaking doctors who devote their earnest lives to this sad phase in the life of mortal man, are sufficient vouchers for the proper working of the institution, and for the integrity with which the benevolence of the public is measured out to the unhappy recipients. If, admitted behind the scenes, we see male and female patients strapped down to hinder them from constant masturbation, we must arrive at the conclusion, that any surgical operation that can offer a just hope of recovery from this ape-like condition to one of mental soundness, must be regarded with exceeding favour.

Circumcision in the male has something useful in it beyond being the simple performance of a rite enjoined to Abraham and his seed. A long foreskin keeps the glans penis soft and over-sensitive. Its membrane has a mucous surface, irritable, tender, and easily aroused (even by the slightest friction of the clothes) to sexual sensations. Circumcision, or the shortening of the foreskin, entails the transformation of the mucous surface of the glans into ordinary integument. It is only Christians who are diseased in these regions, that are ever circumcised, while all Jews undergo the process. But in the memoirs of the Anthropological Society of London for the year 1865-1866, an interesting account will be found, written by J. M. Harris, Esq., "On the Manners, Customs, and Superstitions of the Gallinas people of Sierra Leone." The males undergo circumcision prior to being allowed to enter a sort of secret society, one portion of which society has a religious, the other a political, basis. The ladies of this country are, as in our own country, anxious to be on an equal footing with the males. As the black gentlemen, therefore, associate themselves in a holy brotherhood by virtue of a circumcised penis, so in like manner do the black ladies associate themselves into a peculiar band of holy virgins, by virtue of the excision of the clitoris. This rite does not imply a desire for celibacy, but it is used simply as a wholesome check on libidinous feelings. It is, in fact, the rude means which these barbarians employ to keep themselves chaste until such time as their feelings can be satisfied by marriage. Polygamy is the usual condition among this tribe, and the males look with satisfaction upon this excision, as it not only lightens their marital labours, but hinders their wives from going astray with other men. It appears that the husband of so many wives, while unequal to the nuptial duties imposed, is very jealous of any assistance from his brothers. Clitoridectomy has been found to render him at once equal to the occasion, while it has freed him from jealous fears.

Clitoridectomy, then, is nothing new, although it is in our country an innovation. Polygamy is not permitted in England. On that score, there-

fore, clitoridectomy is not required. Whether to women who have no prospect of marriage, clitoridectomy offers any inducements, the women themselves must determine. That misguided individuals who are fast drifting into imbecility through solitary excess, will find in it a renewal of life is indisputable. But that the pure virgins of England should be indiscriminately clitoridectomized by the ignorant following that a clever innovator always has in his train, would betoken that in this so-called age of progress and advancement, we are fast drifting into barbarism.

MEDICAL MOHOCKS.

The following paragraph, from the *Daily Telegraph* of the 22nd November, tells its own story, and it says but little for the manners of the rising generation of medical men. It is an argument in an unpleasant garb in favour of the Provincial Schools of Medicine, for in the provincial towns, in addition to having a better chance of learning the profession, such outrages could not take place without the perpetrators receiving an ignominious notoriety, which in the metropolis is no check, owing to the numbers holding similar names.

MARLBOROUGH STREET.—DIVERSIONS OF MEDICAL STUDENTS.—Wm. Morris, 30 Alfred street, Tottenham-court-road : Frederick Wm. Joy, 34 Gower-street, Russell-Square ; and Richard Roberts, 27 Alfred-place, Tottenham-court-road, medical students, were charged before Mr. Tyrwhitt with being concerned with a number of others not in custody, in behaving in a riotous manner at the London Pavilion Music Hall, and wilfully breaking some glasses the property of Messrs. Loibl and Sonnhammer, the proprietors, and Roberts was further charged with assaulting Police-constable Thomas Wilson, 39 C.

Mr. Edward Lewis, of Great Marlborough-street, appeared for the prosecution, and having opened the case, called

Mr. Emile Loibl, who stated that about ten o'clock on the previous night the defendants and about forty others, their companions, came into the hall and began stamping with their feet. The whole of the party then went and stood all of a row on the velvet seats, although there were plenty of chairs vacant. They then made a great disturbance, shouting and hooting at the singers on the stage. He spoke to some of them, Joy being amongst the number, requesting them to keep quiet, but they refused, and smashed about a dozen glasses on one of the tables. They would not leave quietly, and continued to stand on the seats. On getting a constable, they all got down, and then marched in a body from the hall, knocking persons down and swinging their sticks about. They afterwards went into the body of the hall and struck the drops of the lamp lustres with their sticks, all the while shouting and making a great noise. Finding persuasion was of no use, and as they refused to leave the hall, he got his attendants and the police to assist him in ejecting them ; and as soon as he took hold of Morris to put him out he (Mr. Loibl) was struck by one of the party. He handed Morris over to the police, and got Joy out, but he directly afterwards returned, and insisted on entering the hall again ; he then handed Joy over to the police. On speaking to Joy, and telling him that his friends would get into trouble, he replied that that was what they had come there for.

Joy remarked that he went back to the hall to get his pipe.

Mr. Loibl said he knew nothing about the pipe.

Mr. Tucker, after giving similar evidence to Mr. Loibl, said there was a great disturbance in the hall, and that there was a general cry amongst the defendants and their friends of "Fall in" and "Forward," and a cry for "Dr. Mary Walker," one of the ringleaders being a volunteer in uniform, but he managed to escape. The visitors to the hall were much annoyed and disturbed by the defendants and their companions,

Police-constable Harris, 77 C, doing duty at the London Pavilion, said he heard a volunteer in uniform—one of the party—cry out, "Now boys forward !" and there was then a scene of the greatest disorder ; some glasses were broken, and the velvet seats torn. Several of the persons had canes and sticks in their hands.

Police-constable Hutton, 337 A, deposed that he recognised the defendants as some of those who had made a great disturbance previously at the St. James's Hall, when they were turned out. They had turned on the water at St. James's Hall, and done other mischief.

Inspector Harrison said there was such a disturbance at St. James's Hall that a request was sent for several constables to be sent there.

Police-constable Wilson, 39 C, said that on taking Roberts into custody, he struck him with his stick on his nose and arms.

In their defence, Roberts said he was very roughly treated when he was turned out of the place, because some of his friends had made a disturbance. Joy said he went back for his pipe, and was told to call the next day, and then summarily ejected. Morris said that all he knew of the matter was that he was with the others and was taken into custody.

Mr. Tyrwhitt observed that it was a melancholy thing to see men of education—men likely to be entrusted with the lives of others—acting as the defendants had done. They would have to pay £2 for the damage, and a fine of 10s. each, and Roberts would have to pay 20s. or be committed for seven days for the assault on the constable. He did not know that he ought not also to order them to find bail, but he would not do so. He did hope that the defendants would never be so foolish again. Mr. Loibl had no right to have his property destroyed, or to be bullied, and respectable people who went to places of entertainment had no right to be annoyed. The fines were immediately paid.

As soon as the defendants got outside the court they were joined by a number of their companions who had been waiting to hear the decision, and having joined in a body arm-in-arm they marched down Marlborough-street, hurrahing and shouting at the tops of their voices.

The youths mentioned above, appear to have conducted themselves at the interesting lecture delivered by Dr. Mary Walker, of the United States of America, in an unseemly and ungentlemanly manner. The English public has less to fear from female practitioners than from the vulgar Medical Mohocks, who have made their seniors in the profession blush for such atrocious conduct. Not a few husbands and fathers are glad to entrust their wives and daughters to the female practitioners of midwifery, and the diseases of women and children. In Java, all women are attended at their lyings-in by female doctors, and yet there is plenty of room left for the exercise of the male surgeon and physician's art. The general practitioners of the kingdom are not afraid of losing their employment by the introduction of female doctors among them. Indeed, by the marriage of a male and female doctor, many difficulties and dangers that attend practice would be easily and readily overcome. It is not unusual for us to read in newspapers, trials, in which doctors are charged with committing indecent assaults on their female patients. Such cases do the medical profession much harm, and we, therefore, hail with unmixed satisfaction the vigorous movement for the education of a staff of lady doctors for women and children. A doctor and his medical helpmate would command a larger practice, and would secure many patients whose timidity will not permit them to enter the sanctum of the "speculist," or disclose before a bevy of grinning students their feminine weaknesses and diseases.

Dr. Mary Walker may have some peculiarities that are common to her nationality, in like manner that John Bull is not wanting in eccentricities, which amuse alike his Continental neighbours and his American cousins. She may perhaps pronounce "wounded" as we would pronounce "sounded," but this does not detract from her merits as a female doctor. We have heard a doctor at the Medical Chirurgical Society, that exclusive body of medical and surgical purities, drop his *H's* most consumedly. We are sorry for his method of expression, but do not think the worse of his business ability. English lady doctors preserve their feminine costume, and are in no respects dissimilar to other educated women. Dr. Mary Walker assumes a garb that savours more of man than woman, and which

makes her look like "a little priest." Men, medical and lay, inveigh against the female use of crinoline, and coroners even wax warm on this theme. The women that catch fire and are burnt to death, they say, owe their deaths to crinoline. Dr. Mary Walker does not use crinoline, for which good point she gets no credit, while she is abused for adopting comfortable and useful garments to suit the business by which she earns her daily bread.

It has been thought improper that she should have earned a war medal for service with the troops in that dreadful civil war that has happily just terminated. What is the objection? Men who know nothing of campaigning, and who have only seen Field Hospitals in pictures, do not know the wants of soldiers. We do, from actual experience. Waiting men are very good and very kind, but they have not the tact and gentle touch of women. They have not the woman's instinct for those little things on which the sick and wounded place such mighty store. Competent lady nurses are an acknowledged good, and we cannot see any difference between the lady nurse and the lady doctor, except that the latter has more knowledge, and thus is more efficient in time of need. At any rate, let Dr. Mary Walker have a fair hearing, and let not a set of Medical Mohocks be the leaders of medical opinion.

THE JUGGERNAUT OF MEDICINE.

WHEN either accident or disease obliges an unlucky individual to send for a doctor, the individual is not satisfied that his doctor should say: "Trust to the great healing power of Nature for recovery." He is not satisfied that his medical adviser should order some simple rules for diet, and for hygiene and then go his way. No—the individual expects something tangible for his money, and does not consider that proper attention and a proper respect for his ailments have been shown, unless something tangible is done. If his bones are broken, whether they are displaced or whether they are in excellent apposition, some screwing, wrenching and eminently painful process must be undergone, or the surgeon's skill will be in jeopardy with his patient. When a man has to make his living, these whims and vagaries and ignorances of his clients must be salved and flattered, or the poor doctor will eat his crust unbuttered. Most of us like butter to our bread, and as we are not all rich and independent, a little truckling must be done. If this is true of surgery, how much more true in medicine. "Oh! it is nothing, you'll be well to-morrow. No physic is required." This is a sure introduction for another, and the patient thinks a better doctor. Some one who will bleed, or purge, or give a vomit. Somebody with globules or somebody with coloured water, or mixture of burnt sugar. The public still believe in doctors "stuff" and takes its potions kindly and likes its clysters. Something must be done to please and something must take the credit of the cure. The healing power of nature pulls the strings of life. The vital force is there unseen while the crude drugs are things tangible and present to the eye. To many "drug-ging" is a bygone relic of a bygone age, but there are here and there dotted in our ranks, men who play with poisonous elements, and who are heroic for their neighbours' health—but chary of experiments on their own vitality.

But we are fond of facts, so we will indulge our fancy. What is the medicinal dose of strychnine? One-sixteenth of a grain, cautiously increased by the careful watching doctor. How much has killed a man? Half a grain has killed its man ere this, so says Professor Taylor. These are little trifling medical facts, of use to plodding men of common sense. Do "heroic" treaters of disease prescribe with common sense? Not always,

but they are not "expectant" doctors. Nobody can attach this horrid stigma to their names. No, if they do not cure, they kill. Let us open the last Army Medical Department Blue Book at page 345. Treatment of the cholera (at Malta 1865). "But before terminating this heading, it is necessary to say a few words on the results obtained by the administration of strychnine, and application of ice to the spine. The former was given consequent upon a report from Dr. — of the — Battalion, —th Regiment, in which the beneficial effects, "even when complete collapse was present, and the case looked upon as hopeless," were put forth in a very strong light. In three cases of the 22nd Regiment, it was given, and in one of the R.A., 29th and 34th Regiments. The directions were adhered to, the dose, quarter of a grain. In the case of the R.A., three doses were given, one every quarter hour; *the specific effects of the medicine appeared, and death quickly followed, leaving no doubt as to the direct cause.* In two cases of the 22nd Regiment, one and a half grains, and one grain respectively *brought the system under its influence, with no beneficial results, nor retarding the fatal termination.* (This is a neat way of putting it, which we much admire. Ed. M. M.). In the other case it was administered during collapse (and in this respect alike all the rest), to the extent—one grain—without results; it was stopped and substituted by Cannabis Indica: reaction ensued, *and with it absorption of the contents of the stomach; tetanic spasms followed and caused death, when the indications (i.e., the natural course of the disease. Ed. M. M.), were of the most favourable kind,* as is well exemplified in the Chart of Temperature, case 6. The case of the 29th Regiment terminated fatally, the 34th recovered, yet the surgeon of the Regiment did not pursue the treatment subsequently. Such knowledge so dearly bought, effectively put a stop to its further use among the military. *What influence it might have if administered in smaller doses, and especially during the earlier periods of the disease, is doubtful,* AS NO ONE CHOSE TO HAZARD THE EXPERIMENT." (!!!) For our part, we do not understand why doctors whose "heroic" principles permitted them to administer poisons in deadly doses, should stick at their medicinal employment. The public is very ignorant on medical matters, and it is a blessing that it is, for it is unpleasant to have one's confidence shaken in one's doctor, and to have it supposed that a remedy may be worse than a disease. When recruits get to know that the taking of the Queen's shilling entails not only the usual chances of war, with the martial interment of a hero, but also a death no better than a dog, and equal with a rat; he will be more inclined than ever to serve his Queen and country. But British soldiers are not as plentiful as rats, and unfortunately their stomachs seem equally susceptible to the chief ingredient of the "vermin killer" with the latter. Common place people might regret such doings, and silly people might rather wish to trust to the healing power of God, but scientific folks will much rejoice at this victim to the Juggernaut of medicine.

MEDICAL FEES.

PERHAPS one of the most sublime feelings which can pervade the learned soul of the professional man is when his professional palm is "crossed with gold." Patients have their peculiarities in their mode of giving their fees, and doctors have their individualities in receiving them. Male patients, if men of business, drop the pound and its attendant shilling into the palm of the medical man with business-like calmness and determined openness. People who are not men of business, place the fee on the table in a mild and somewhat furtive manner. Ladies flutter about with the cash, waiting for the oracular words of the man of science to cease, when they make a dart at the practitioner with the offering. Ladies are fond of screwing up their cash in little bits of paper, that no sound may be emitted by a coarse

jingling of the filthy lucre. Titled patients are bad hands with the shillings. They give the pound but generally omit the shilling. They do not understand that this omission is at the rate of five per cent. on the doctor's earnings, but merchants who make thousands of pounds by turning fractions of a penny, and tradesmen who understand the axiom "small profits and quick returns," are punctilious with the shilling. Lawyers don't forget it, and parsons are most exact, if rich. If poor, the doctor usually remits the fee. Some doctors bow with gracious unction over the friendly guinea. Others affect indifference to such worldly matters. Many seem surprised and pocket it in a hurry, and no doctor, in his patient's presence, ever opens up the paper screw of money that the furtive guest has given. Doctors have funny rules about their fees. A guinea is ostensibly their fee, and a guinea man will cut the brother, who gives, for eighteenpence, his best advice, including a bottle of pretty coloured mixture. If a man wishes to keep up his "status," he must affect the guinea fee. But the guinea fee is the thing that hinders many a patient coming to the doctor's door. A man may buy a Crystal Palace season-ticket for a guinea, or subscribe to Mudie's for a year. In these days of manufacturing ingenuity, there is no knowing the limits of a guinea judiciously expended. In short, a guinea is a heavy charge, and we are sure that our American cousins have adopted a wise scale in making dollar fees. Where five per cent. of patients can afford to pay their guinea, seventy-five per cent. can well afford the dollar. There is scarcely any limit to the dollar giving public. Active and clever consulting men could soon at this figure make a rapid fortune in our towns. The Medical Council does not forget to take remunerative fees for its harmlessly deliberative sittings. These fees come out of the pockets of the medical profession, yet we would not grudge them, if this celestial body could strike a judicious tariff of medical remuneration. It is an important matter which has hitherto been left more to caprice and custom than governed by a sober business judgment.

ROUNABOUT PAPERS.—No. VII.

"MEDIO TUTISSIMUS IBIS."—*Ovid.*

THIS statement, familiar to us all, is the rule of life of many. It is a saying that has the merit of age, if it has nothing else to recommend it; and as many are too timid to go out of the beaten track of deeds or thoughts, they find much comfort in using such hackneyed sayings, and consider themselves in consequence as eminently safe people. No dangerous novelties disturb the even tenor of their middle way of safety. They are not extreme in anything. They are neither hot nor cold, and they pride themselves upon this sterling quality. They make no enemies, and they make no friends who care a button for them.

If they have no triumphs, they have no defeats. If not amiable, they are at any rate not venomous, and if never enthusiastic, they are also never frigid. If they are not thought much of, they are at any rate not despised. In their way they are respected, and if the system pays,—they are content. Respec-

tability lodges in the class that is neither hot nor cold. Caution loves the prudent middle way. But in some things there is no middle way. Honesty, Independence, Truth—there is no middle way in these rugged attributes. If one is not honest, then is one dishonest; if not independent, one is truckling; if not truthful,—then one lies.

Such are our thoughts, and by such thoughts our acts are guided. We are often misinterpreted, and our love of truth is termed ill-nature, and our independence, spite, for we have no smooth-tongued middle way of safety, much as such a course is prized and sought and wished by many. We have little doubt that could we find a person as conductor for this Magazine such as the learned author of the *Rambler* depicted in the following words, we might reap a quick success. But without honesty of purpose and steadfastness of principle we care not for success. Samuel Johnson said:—"The good-natured man is a being generally without benevolence, or any other virtue than such as indolence and insensibility confer. The characteristick of a good-natured man is to bear a joke; to sit unmoved and unaffected amidst noise and turbulence, profaneness and obscenity; to hear every tale without contradiction; to endure insult without reply; and to follow the stream of folly whatever course it shall happen to take."

Smollett sings as follows:—

"Thy spirit, Independence, let me share,
 Lord of the lion heart and eagle eye,
 Thy steps I follow with my bosom bare,
 Nor heed the storm that growls along the sky!"

The conductors of the MEDICAL MIRROR are not ancient Britons, so they will perhaps still be found in the conventional broad-cloth, with the ordinary shirt front of the period, but they have principles which they follow, and from which they will not swerve. At any rate they have no "Good-natured Man" in their crew upon whom the scathing irony of the *Rambler* can fall.

The third volume of the MEDICAL MIRROR finishes with these December pages, and the next number in which we shall address you, will alike begin a new year and a new volume.

The curtain is about to fall, and we will take our standing on our little stage.

We are gathered round our MIRROR,—both conductors and reviewers. It is bright, and shows a happy future, for if we have some enemies, we have many friends—friends who despise a hollow middle way, and who never write and say

Medio tutissimus ibis!

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